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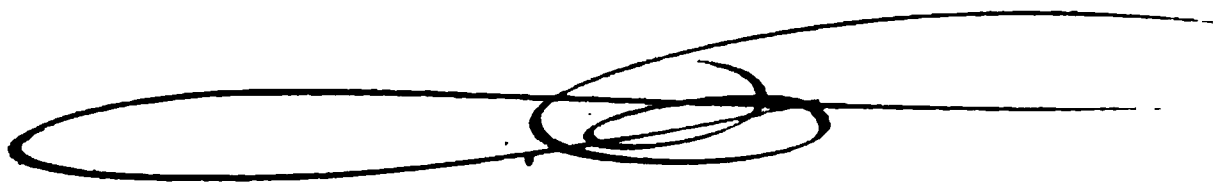
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THE
HOSPITALS ASSOCIATION

With the Compliments
of the Council
to
Junius S. Morgan, Esq.



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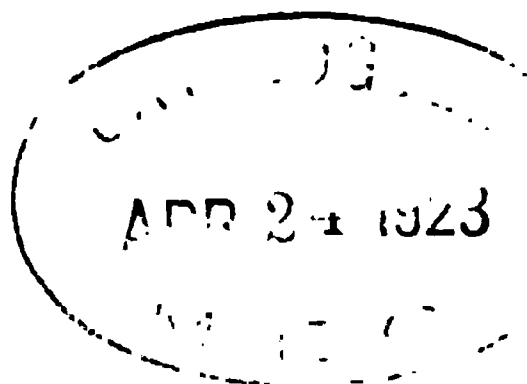
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PREFACE.

THE HOSPITALS ASSOCIATION is the outcome of the Conference on 'Hospital Administration' held in London, under the auspices of the Social Science Association, in July, 1883. It is an effort to bring together those who support and those who are engaged in the administration of our hospitals and other institutions for the relief of the sick. An organisation of this kind will not only facilitate the friendly discussion of questions connected with Hospital administration and management, and accumulate facts and statistics, but will lead to concerted action amongst the managers themselves in any improvements that may be found to be desirable.

The Association is a centre round which Hospital workers and Hospital supporters can meet for a common purpose; it affords to those who desire it a lesser sense of isolation, its constitution providing for the holding of periodical meetings and conferences, the issue of a journal, and the founding of a library of works on hospital administration, construction, finance, etc. The Council are persuaded that, by means of such an organisation, an inherent capacity for carrying out the most modern and efficient systems of management will be developed in the

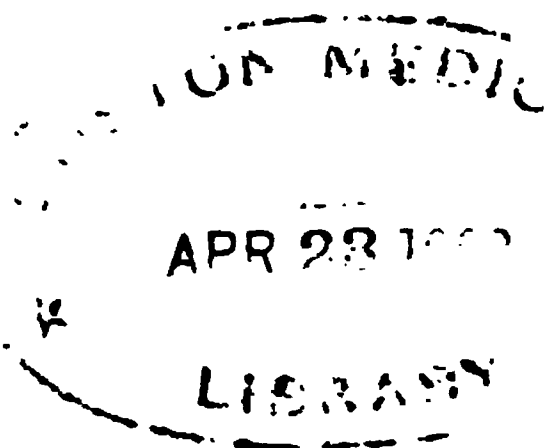
Hospitals themselves ; and that the opportunities for frequent intercourse amongst those engaged in their administration will be sufficiently attractive to win the support and co-operation of many connected with the various institutions for the relief of the sick.

1 ADAM ST., ADELPHI, W.C.

November, 1884.

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THE HOSPITALS ASSOCIATION.

THE first General Meeting of the Association was held on Monday, March 26, 1884, in the rooms of the Medical Society of London. Sir Andrew Clark, Bart., who presided, said this was the inaugural meeting of the Association, and the first business was to submit the Rules of the Association, which had been drawn up by a Provisional Committee and had been in the hands of the members for some time.

Sir T. Fowell Buxton proposed, and the Earl of Cork seconded, the adoption of the Rules; and this was agreed to.¹

The rules for the regulation of discussions, recommended by the Council, were announced by Mr. J. L. Clifford-Smith, the secretary, and approved of.²

The following Paper was then read:—

DIFFICULTIES ASSOCIATED WITH THE ADMINISTRATION OF THE OUT-PATIENT DEPARTMENT, AND HOW BEST TO DEAL WITH THEM.

By WILLIAM J. NIXON, House Governor of the London Hospital.

I AM called on by the Council to read a Paper on 'Difficulties associated with the administration of the Out-Patient Department, and how best to deal with them.' The meaning of this is, that I have to address an audience singularly well qualified by personal experience to dilate upon the difficulties in question, and convinced equally, by personal experience, how fallacious and how disappointing are some of the remedies which have been proposed or tried.

¹ See p. 101.

² See p. 105,

In these circumstances it is not unnatural that I should be profoundly conscious of the difficulty of my own position, for I have discovered no specific remedy, confirmed in its adaptability to the disease by the alleged or palpable recovery of the patient. I am, in fact, prepared simply with a few rough suggestions, and should hardly have ventured to accede to the proposition of the Council that I should read the first Paper to the new-born Hospitals Association, but for the simple fact that *somebody must begin*.

Hence this my first appearance in an entirely original character.

I waste no words in asking you to treat my effort with kindly consideration. This is conceded in advance and as a matter of course by an audience like that before me, engaged in searching after truth, as it bears upon a difficult subject.

But at this your first meeting, held for the discussion of practical questions of great importance as affecting public hospitals, I ask permission, before entering on my subject, to say how happily conceived in my opinion is the scheme (which we may hope will be as happily, because truthfully, carried out in practice), that multitudes of men who have never met before, who, though engaged in the same work, have hitherto all occupied their narrow separate grooves, should henceforth, leaving for a time

The trivial round—the common task,
have recurrent opportunities of comparing notes.

The attention of us all is generally, in practice, too closely confined to our own individual work and the action of our own individual selves, and we thus acquire an exaggerated estimate of our individual importance, which nothing more effectually neutralises than contact with other men, probably much wiser than ourselves.

The prayer of the poet is as essential now as on the day he uttered it—

O wad some Pow'r the giftie gie us
To see oursels as others see us !
It wad frae monie a blunder free us,
And foolish notion.

In our case the prayer is answered by the Hospitals Association, which, rightly availed of, will enable us, by

temperate discussion, to arrive at mutual information, and, in the search after truth, to throw aside long-cherished fallacies, while we adopt as our own the hints which seem to meet our several wants.

With this brief prelude, I proceed to the consideration of our subject, confessedly a subject bristling with difficulties, and one respecting which the most conflicting views and opinions must necessarily prevail.

The initial difficulty, which overshadows and perhaps comprises all others, is the fact that, in great cities in particular, there is a vast multitude of people—poor but not yet paupers, though hovering, when sickness overtakes them, on the very verge of pauperism—who, in their time of difficulty, have to decide between the union doctor on the one hand, and the hospital out-patient department on the other—for provident institutions, granting that they could be made to meet the majority of cases, can hardly be said as yet to have an assured, independent existence. Is it matter for surprise how the question is, whenever possible, decided? and that these poor people gravitate where, though they be the recipients of charity, and their social independence may be so far sacrificed, the badge of social slavery is not hanging round their necks? For in this latter light at present, rightly or wrongly, they regard their reference to the union dispensary.

I am no apologist for improvidence, but I cannot preach a crusade against it among the *poor as a class*, when I see it cropping out, with only too great frequency among *all classes*—and I speak to the experience of medical men when I assert that, under the pressure of dangerous illness, the doctor is not unfrequently called in when it is an already foregone conclusion that his bill is never likely to be paid. The provident association that should have existed in the pocket of the man well-to-do in health has never been formed, and, like his poorer brethren, he depends for cure, or perhaps for life, on charity, though somewhat in another form.

But *I* have lived to see drunkenness, formerly so rife among gentlemen (so-called) in the middle and upper classes, gradually lessen, and, when openly detected, come to be looked on with disgust. Similarly, as the leaven of education and the force of example spread downwards, may we not hope that the habit which, above all others, fosters improvidence among the poor may cease to paralyse

them as a class, permitting the growth of self-respect, and with it bringing a desire for independence of charitable aid?

I think I hear some one among my audience softly saying to himself—

Hope springs eternal in the human breast.

I acknowledge the impeachment, and add that I am glad it does so, for without it life would not be worth the living.

Meanwhile the out-patient department, with all its troubles, is in our midst; and while I hold that it is no disgrace to us, but the highest honour, that the poor do not lie festering in our streets, disgusting objects in themselves, and the source of pestilence for others—as in the days when public hospitals did not exist—the question how to deal with the department is not the less perplexing.

To deal with it first *negatively*. I do *not* believe that we can abolish it off-hand (as some assert), because, as they allege, it first came into existence about forty years ago; that previously it was unknown, and still the world revolved upon its axis; that no earthquake accompanied the birth of this monstrosity; and that, therefore, we have only to decree its non-existence, and the fabric of society will not straightway fall into decay.

Grant for one instant, if you like, that it is a hideous body of living death, which we, like another Frankenstein, have called into existence. *It lives, nevertheless*, and we must make the best of it.

But I am in a position to assert that this forty years supposition is absolutely incorrect—based, I suppose, upon the want of records of the long-existing work of hospitals among out-patients. However this may be, I find that at the London Hospital, at least, an out-patient department was in operation from the very foundation of the charity. Some few years since the old registers were overhauled, and an account, as perfect as circumstances allowed, was prepared and printed of both in- and out-patients, of which latter class, I may mention, 2,188 were received and treated in the eighteen months ending May 1742. And, in this connection, it may be interesting to quote an extract from the minutes of the weekly meeting of the House Committee, held on the 22nd of December,

1741, to the effect that 'the several rules and orders for the regulation of out-patients being read, were, upon the question put, unanimously confirmed,' and ordered to be suspended in prominent places in the hospital. This is evidence of really respectable antiquity on the part of out-patients as a class; and it may further interest you to know that these out-patients used to attend personally and return thanks to the Committee for being cured, '*led in*' (so it is stated) by their several surgeons and physicians—a moving evidence of the good workmanship of the doctors.

One hundred and forty years ago, therefore, at least the out-patients not only existed, but were a grateful class—more so, perhaps, than now; and the first man whom I can trace as attending the Committee to return thanks appeared before that august assembly on the 5th of December, 1741, and his name (for I take pleasure in recording it) was Thomas Sturges.

Secondly: While I acknowledge the difficulty of numbers, I do *not* believe it to be so great as to be practically unlimited: in other words, that more than one million persons, or one quarter of the population of London, are every year recipients of gratuitous medical aid. If this were so, judging from the organisation I personally know to be required in dealing with the comparatively trifling total of some 60,000 out-patients, I should shrink with dismay from reflecting on the expense and incapacity involved in the proper handling of this small fraction of so magnificent a total. Perhaps the matter admits of explanation. To use a phrase you *may* have heard before, 'Would you believe me if I told you' that there are 'out-patients *and* out-patients'? And this, perhaps, is one of the best arguments in favour of the existence of the Hospitals Association, *that we want to know better what we are talking about*, particularly when we deal with figures as applied to numbers of patients and expense.

The noble Chairman (Earl Stanhope), who took the place of the Lord Mayor at the inaugural meeting of this Association at the Mansion House, asked a very pertinent question when he inquired, 'Why the out-patients at one hospital cost 3s. 3d. each, while those at another cost only 9d. each?' These two may be both equally true statements according to the basis on which the calculations are brought out; and, being myself the author of the

three-and-threepenny estimate, it would give me infinite gratification, at the proper time, to explain how that estimate is arrived at.

If the believers in the one million theory consider among other things the faulty systems of registration which bring about the returns from which their figures are deduced; if they remember that sometimes all visits are registered as patients; that occasionally two visits constitute a patient, who is re-registered thereafter; and that it is possible for individual chronic cases, by registration and re-registration, to represent ten or twelve separate patients per annum: if the true believers above referred to consider these things in the strong light cast upon them by common sense, I trust they will recant, and withdraw the scare which has frightened so many excellent and well-disposed people, and is said to have damaged¹ (most unintentionally, I am convinced) many struggling hospitals, which were doing good work among the suffering poor.

Further, to obviate any misunderstanding which might arise from my omitting altogether to notice, among remedies for too great numbers, various proposals which have been made or tried, and are, in fact, some of them in operation at certain institutions, I now refer to two which do not in any way tally with my views of what is right. They may be convenient, they may be easy, they may even be profitable methods of dealing with overcrowding numbers, but I cannot deem them just or charitable, except under conditions which do not apply to great general hospitals.

These two methods are—payments by out-patients, and daily limitation of tickets to patients permitted to pass in free.

As to the first, it appears to me totally unworthy of a great charity, whose existence is established, whose lease of life is insured alike by its vast value to the community, and by the gratitude of that community, showing itself, as it always has done and always will, by continuous and substantial recognition of good work, long and honestly performed. Charge for advice is unfair towards the professional man, who gives his services practically free to that great institution, from his honorary connection with which he looks for his ultimate reward—that reward which for good, intelligent, and faithful service he is

certain to attain. Charge for medicine places the hospital in unworthy competition with the local practitioners in its neighbourhood, and, however small it may be, is a heavy tax upon the *very* poor, who, it is known, can hardly procure bottles wherein to take away the medicines they stand in need of—those medicines which perhaps not infrequently are the only agents able to keep them from applying for that which they desire to avoid—the aid of the parish authorities. At the same time also the charge is a premium upon the dishonesty of a higher class who, while hesitating to accept absolute charity, have no objection whatever to take some little trouble—in fact, will cheerfully go out of their way for the sharp and pleasant practice of getting that, for which elsewhere they must pay one shilling, at the small charge of threepence. Numbers, therefore, are not, I think, likely to diminish under this *régime*, but self-respect does, in the case both of doctors and patients; and the treatment, moreover, of the surging crowd is carried on with the accompanying consciousness that incivility, and even abuse, are by no means uncommonly associated with the demand for so-called charitable aid claimed as a right. And all the time, let it be remembered, the worthiest applicants are going to the wall—those, I mean, who, not being paupers, are just upon the verge of pauperism; and this class, if I am right in my investigations, is a very large one among the out-patients of the general hospitals.

Next, as to the scheme of limiting the work of the out-patient department, by limiting the number of daily admissions. If I rightly understand this system, it means that those who can come the earliest, and therefore wait the longest, have the best chance, although, it is said, that the very worst among the rejected cases are admitted, when needful, by extra tickets beyond the daily limitation number. This may be so. I hope it is, and the worst cases among the outsiders may thus be met; but it is clear that many must be thus choked off to go elsewhere, and presuming that there *may* be, among the ‘rejected addresses,’ here and there only one or two of the really sick and deserving poor, it seems to me a questionable species of public morality thus to relieve ourselves of difficulty, by either casting our burdens upon others, or leaving any of these helpless applicants out in the cold.

A great charity should strive thoroughly to maintain its charitable reputation, act up to its glorious charter, and cease from its conflict with difficulties (which, after all, are but the evidence and the guarantee that its continued and uncurtailed existence is a necessity of society) only when its decay and death are imminent.

Perhaps I ought earlier to have stated what I now mention, viz., that my remarks have little bearing upon the case of any but those general hospitals, which are supported by the voluntary contributions of governors and subscribers. The great endowed hospitals can deal with numbers *as they please*. Other hospitals which, not being endowed, see fit to open their out-patient departments 'free' must deal with them *as they can*;—while the question of payment in the case of small and struggling charities, just entering on existence in neighbourhoods where they are urgently required, may be so inseparably mixed up with the bare question of maintenance that, perhaps, payment is inevitably their only available resource, until the public has, by substantial acknowledgment, placed its seal upon their lease of life.

On these matters I give no opinion, but turn at once to the *positive* treatment of the points we wish to settle, viz.: '*How to meet and reduce to a minimum the difficulty of too great numbers of out-patients at voluntary hospitals, without injury to the deserving poor, without infringing on the so-called rights of governors and subscribers, without lessening the advantages of the hospital to the medical school, and, in a general sense, how to make the resources of hospitals more available in every right direction than they may be now, by a well-digested effort to reduce the ever-accruing quantity of valueless and thankless work always thrusting itself forward as work which must be recognised and done; while, at the same time, we increase the quality of that work which we decide and know we ought to do, and, in the doing it, are conscious of distinctly adding to the value of the benefits which a public hospital is alone capable of conferring.*

While human nature remains what it is, we must expect that the majority of men will give only with the guarantee of some return. The motive which influences their generosity is less ethereal, less truly benevolent than we could perhaps desire; but our distaste for the origin of their liberality is subordinated to our admiration

of its results, for it is to this mixture of piety and commercial principle that we owe in the *majority* of instances the foundation and the maintenance of the great voluntary hospitals of this country. It should, therefore, be our primary effort to educate donors up to the conviction that they must not expect impossible, unworthy, or valueless concessions. They must be reminded that charity has its responsibilities as well as its pleasures, and that gifts must not be so administered as to interfere with public morality—so thoughtlessly scattered broadcast as to rob the worthiest applicants of their rights. The governors of hospitals ought indeed to recognise that they stand—a sort of moral police—as a first outwork of defence against those who have no really charitable rights, and that, in thus helping the managers of hospitals to separate the goats from the sheep, they are aiding the truest efforts of the most advanced form of medical charity.

In proportion as this most necessary education progresses will governors and subscribers recognise that at the very door of the hospital it is desirable *to organise some system of inquiry*, which shall be the first step towards increasing alike the value of their own beneficent privileges, and the value of the priceless efforts of their professional coadjutors, by rendering available for the benefit of the largest number, and that solely of the worthiest class, treatment which can only be obtained at well-organised public hospitals.

Inspection, therefore, is my first remedy—not, however, applied indiscriminately, or alike to all, but with a careful, charitable, and discerning intelligence. Inspection based on a few leading questions kindly put—not necessarily followed out to ultimate results except in exceptional cases; nor influenced by any set amount of earnings or income, because poverty and riches are relative terms—comparative affluence in one case, with any named amount of means, being equivalent to absolute poverty in another: an inspection based on charitable concession, not fixed by legal definition; and tending to successful issues more by its deterrent influence than by any arbitrary power vested in it, for the performance of its delicate, difficult, and comprehensive task.

Neither let it be imagined that I would sanction summary and immediate cancelling of attendance on the

ground of social unfitness. Remembering that no untrained eye can discern those hidden maladies, laden with which men and women still walk about our streets, themselves conscious of no mortal ill, but solely of some indefinite pain of which they desire to be rid, I would recognise in all cases the right of appearing once before the hospital physician or surgeon. With him should thenceforth rest the decision as to need for further treatment and the power of conceding it. And more than this, the skilled hand and eye of the professional attendant should not only decide these points in reference to cases suited by circumstances for gratuitous aid; but in event of urgency being recognised in a case presumably socially unfit, or symptoms being diagnosed valuable in their tracing out, for the promotion of medical or surgical science, he (the professional attendant) should be at liberty to neutralise thenceforth all social inquiries whatever, as things subordinate to the higher interests of the patient at the moment—of the community in the future.

From these remarks it will appear that the system of inspection or inquiry I suggest, is essentially and of necessity twofold—social and professional. The two divisions of the work are, however, absolutely distinct and separate from each other. The social inspector cannot for a moment interfere with the needful or desired treatment of any case passing under his notice. The professional inspector, on the other hand, is required to know nothing whatever of the social circumstances of his patient. Upon this point, in fact, he should be permitted to remain in a condition of profoundest ignorance. The questions which to me, as an untrained civilian, it would appear proper that the professional attendant should address *to himself* when regarding the applicant for his valuable aid are such as these :—‘Is the patient seriously ill, or so ill as to require continuous treatment? Does the case present any features which by their observation will enlarge the field of knowledge? Can the patient obtain here that benefit which the experience of hospital attendants is alone likely to confer? If so, my duty is to decide that he may come again, perhaps for a very prolonged period.’ Or he may question himself thus :—‘Is this a trivial or even fancied malady, or chronic beyond hope of cure or alleviation—a patient who, in requiring me to listen to his oft-told tale, deprives me of the time which might be profitably given to the dis-

cernment of curable maladies in others, who, in his unreasoning obstinacy, "robs me of that which not enriches him, but makes me poor indeed;" or is he a persistent swallower of drugs for the drugs' sake, because like gin and beer they are good things, and cannot fail to benefit in proportion to quantity consumed?' In any of these latter cases, and in various others not necessary to enumerate, I seem to hear him say:—'It is my duty to curtail attendance, to shorten visits within the narrowest possible bounds, and thus, not frittering away valuable time on cases quite unworthy of hospital skill, make time and room for those whose treatment, while it benefits the individual, will advance the objects of scientific inquiry, will add to professional reputation, and will bring credit to the institution, which, by a desire to concentrate its efforts, improves and intensifies results.'

Incidentally observe—as it appears to me, by these few proposals *which are already on their trial*, and which I have not encumbered with collateral details, which are *not intended to abolish out-patients*, but to *keep their numbers under wholesome restraint*, and increase the power of treatment wherever required or deserved—we enlarge the field of our operations without magnifying our responsibilities, or of necessity adding to our expenses—we spread the diagnostic power of an experienced staff over a wider area, and leave time and elbow-room '*by selection*' for treatment '*of the fittest*'; we injure no one by refusing primary aid, we damage no human being, except in so far as he may be proved quite unworthy of assistance; we promote the best interests of science; we further, indirectly, sanitary work by extensive recognition of disease in its earliest stage; we increase the value of hospital assistance; we do not shrink from the great public obligation which attaches to us from the earliest moment of our public existence; and as far as possible we recognise that great trust imposed upon us, whether by ourselves or by the exigencies of the social system under which we live—the trust of the sick poor, of such of them at least as cannot command suitable professional aid, and have not yet dropped into the ranks of pauperism.

In conclusion, a few general remarks.

In this new departure on the road to hospital reform, there may be latent difficulties not yet discerned. We may have underestimated the power of the enemy we

have to cope with, or have placed too high a value on the not unkindly forces we have brought to bear. One thing alone is certain. The obligation to do something exists, has long existed, and *that something* must be done, and in our several or collective capacities we should earnestly endeavour to do it.

Doubtless there *is* a reason, hidden though it be from us, for the allowed existence of all those puzzling social problems with which men are called upon in turn to deal. One of these, one of the most urgent, is, that sickness and poverty, so frequently and closely allied, have always been permitted to dwell, or at least have always dwelt, among us. By no scheme have they ever been for one moment exterminated, and no one, be he clever politician or dreamy philanthropist, expects their summary abolition. In these circumstances our best-directed efforts may be met by frequent and serious disappointment, but disappointment need not mean defeat. The social malady may not by any human means be curable, but its pangs may be alleviated, its intensity modified, and the spread of the disorder confined within measurable limits. Our evident duty is earnestly 'to watch and work,' confident that no human effort in a good cause is without some measure of ultimate, though perhaps long-deferred, success.

Especially will the results of our endeavours, whether as individuals or as an Association, be influenced by the spirit in which we enter on the business, and by the temper and disposition which may attend the prosecution of the work. Personal considerations, personal prejudices, preconceived opinions, the enforcement of supposed truisms, must of necessity be avoided. And as to what should chiefly be remembered (*the motto*, if I may so call it, to be displayed upon our standard)—pardon me if I put forward a few words of counsel, presuming and impertinent doubtless, but still valuable alike, as I believe, to each one of us individually, and to the Association which we represent. They form one of the soundest maxims of him who is alleged historically, though may be incorrectly, to have commenced his life by holding horses at the play-house door, and who ended it, as is well known to all, by bequeathing to posterity a name and a memory which can never die. And his brief summary of 'the whole duty of

man ' and of associated men, and still more, as I see it, of associated men *and* women, runs thus—

This above all,—*to thine own self be true ;*
And it must follow, as the night the day,
Thou canst not then be *false to any man !*

DISCUSSION.

Sir ANDREW CLARK, Bart., M.D., Vice-president, in the Chair.

Mr. TIMOTHY HOLMES, F.R.C.S., who wrote to express his regret at being unable to be present, sent a short paper, in which he said: The evils apparent in the present system of out-patient practice in our hospitals I take to be mainly these :—(1) That a very large proportion of the cases admitted are such as cannot be treated satisfactorily by hasty interviews with a doctor, and the prescription of drugs; (2) That the numbers admitted are so great as to become a charge upon the resources of the hospital, and an obstacle to habits of thrift and self-reliance among the poor; and (3) That the circumstances of some of the persons admitted do not entitle them to any form of public charity. I should add to these, in the case of hospitals which are also schools of medicine, that the excessive number of the out-patients precludes that medical teaching for which the out-patient department is, or ought to be, so valuable. Obviously one great object is to limit the number by admitting only as many as the medical officer can easily see, examine, and (in the case of medical schools) use for the purposes of tuition. But the mere limitation of numbers might by itself do more harm than good. It would be cruel to encourage all people indiscriminately to come, and then to send away the majority unseen, very probably including in that majority precisely the very cases most urgently in want of advice. In order to the selection of appropriate cases, I would lay down the rule that the out-patient department should receive no patients except those sent by some medical authority affiliated to the hospital; and I would define such authorities to be all legally qualified medical men (not practising any form of quackery), and all medical institutions (such as provident and poor-law dispensaries) within a certain radius. And finally, I would restrict the action of the out-patient department to consultation only. The patient should receive a prescription, or if a minor surgical operation or a surgical appliance is needed, it should be provided or prescribed; and the medical authority sending the patient might assist at the consultation. But afterwards the patient should return to the care of his former medical attendant, just as is done in private practice. All this does not apply to former in-patients, whose treatment should of course be continued as far as necessary after their discharge from the wards. I am obliged to omit all the many details which must be discussed and settled before any such plan could be brought into

practical working. I would merely say that I would restrict the present 'casual departments' to their proper function, the reception of street accidents. The slightest cases of sudden illness would be quite sufficiently provided for by an efficient system of provident dispensaries, which would soon grow up and flourish, if freed from the overwhelming pressure of the great gratuitous institutions, and by the poor-law dispensaries, of which now so little use is made, for the same reason. The present free dispensaries are in my opinion superfluous, being the relics of a state of things which no longer exists, and they ought to be turned into provident dispensaries. I believe that this plan would supersede the necessity for any examination into the private circumstances of the patients, since patients whose circumstances disentitle them to relief would not be likely to obtain the necessary medical recommendation; but if any such examination were required, it could be added. I ought to add that in my opinion all the work of the out-patient department should be gratuitous. I have put down these few heads of a scheme for out-patient reform merely as an outline, and to provoke debate and criticism—not, of course, as by any means a complete proposal. The subject is intimately bound up with that of provident dispensaries, which I hope will some day be fully discussed by this Association.

The EARL of CORK said that he had lately returned from America, where he had an opportunity of visiting the General Hospital of Massachusetts, and he conversed with the resident medical officer, Dr. Whittemore, on the treatment of out-patients. He said that in America many years ago the attention of hospital authorities had been directed to the enormous demands on their funds made by the number of applicants. The first thing done was to appoint inspectors, who visited the homes of the applicants for outdoor treatment. On this subject the Report for 1881 contained the following passage:—'The trustees have continued their efforts to restrict the service in the out-patient department to the class of suffering poor whom the hospital was founded to relieve. The practice of exacting a nominal fee from all applicants save the very poor was discontinued early in the year, as it was found not to accomplish the good it was intended to effect, and to be productive of positive ill results. In April an experienced person was appointed to examine all applicants in order to ascertain whether their circumstances entitled them to the benefits of a gratuitous charity.' The results of his investigation show that, of 1,250 cases visited at the addresses given, 545 were pronounced undeserving of charitable aid. Dr. Whittemore, in giving the details, says, 'I employed on the 1st of April a competent and experienced man to investigate the condition of every person who applied for admission to the out-patient department for treatment, and with the following results:—Applicants, 10,612; admitted, 9,220; refused, 1,392; visits of investigation, 1,250; found deserving of charity, 705; found undeserving of charity, 545; sent to physicians' offices, 791. The

greatest consideration for all applicants has been exercised, and none excluded who did not themselves give sufficient proof that they were not objects of charity.' On these results, the Committee in their report say, as to those found undeserving of charitable aid, 'It is no doubt true that to a large number of these the term impostor would be a harsh and unjust one to apply. It may well be feared that the past practice of the hospital, and of similar institutions, has tended to disseminate the belief that, whatever the means of the sufferer, sickness entitles him to free advice and treatment. The managers of such institutions in this city and in Europe are now fully awakened to the dangerous influence of such a belief—in its tendency to impair the spirit of providence and self-dependence so essential to good citizenship. The aim of such an investigation of cases as that now in force in our out-patient department, should be rather to prevent than to detect improper applications for treatment. It is probable that the result will be to diminish in some degree the number of those annually treated; but it is well to remember that to judge of the success of an institution by the number of its patients, is to apply the easiest but not the most adequate test.' That was the report of the Committee of the trustees of the General Hospital in the large city of Boston. He asked Dr. Whittemore what course had been adopted as the consequence of that report, and he was told that any person who went to the hospital was received by the resident physician, his case was inquired into, a prescription was given to him, and he took it away, to be made up at his own expense by any chemist. If the resident physician thought that the patient was too poor to do this, he was supplied with the necessary medicine at the hospital; but it was found that by far the larger number of out-patients were glad to get advice at the hospital, and to obtain the medicines elsewhere. By that means there was a large saving to the funds of the hospital. The number of out-patients used to exceed 10,000 a year. That might seem a small number; but the average number of in-patients was only 166. Passing through Cork, he ascertained that at one of the large hospitals in that city outdoor relief had been for some years discontinued. In reply to some inquiries he made, it was stated, in a letter addressed to him on behalf of the trustees, that 'the chief reason which led the trustees to discontinue providing drugs for the patients treated in the external department, was that it was found that the provision already made for supplying the poor of this city with medicines at the poor-law dispensaries, of which there are nine in Cork, was amply sufficient, and rendered any expenditure of the funds of the hospital for that purpose unnecessary. The existing arrangement was adopted in the year 1873, and from that time up to the present there has been a steady yearly increase in the number of external patients, showing that the system fully meets the requirements of the class of persons who seek outdoor treatment. Most of the Cork chemists compound the prescriptions (which are marked with the name of the hospital) at a

special cheap rate, which further facilitates the working of the department. With regard to the saving to the funds of the hospital, it was found that the cost of medicines for the first year, during which the non-dispensary system was adopted, showed a decrease of nearly 18 per cent. on that of the previous year, although the supply of bandages, lint, dressings, &c., was and is still continued.' It therefore appeared that the poor had in no way suffered by the changes made at Boston and in Cork, in the hospitals only prescribing for them instead of giving them medicines, and the changes had resulted in a great saving in both cases. He had long thought of this as being one of the ways of meeting the difficulty. Its adoption might require a good deal of consideration, and that might be assisted by the experience of Cork and of Boston.

Mr. WILLIAM BOUSFIELD said that he had had the opportunity of working at the question in a practical form for some years, both at King's College Hospital, and also by joining in an attempt to find a remedy for the difficulty in provident dispensaries. Mr. Nixon stated the out-patient difficulties, but scarcely pointed out the remedy; and he dealt more with the medical than with the social point of view. The social difficulty, with which he was most concerned, arose from the fact that large numbers of persons who were really in a position to pay for medical advice were in the habit of becoming applicants for charitable relief. He had talked the matter over with many out-patients, and he found that most of them felt there was a certain amount of degradation in receiving charity, which they would willingly avoid if they saw a way to do it. They spoke apologetically, admitting that they had the means to pay something for medical treatment if there were a proper system of provident dispensaries. The number of applications seemed to vary according to the rules adopted by particular hospitals, and they were kept down by even a small amount of inquiry, something which would cause each applicant to put to himself the question, 'Am I the right sort of person to apply?' Before 1875, at King's College Hospital, there was no restriction; any person who chose to apply was attended to, and the numbers in 1874 were 31,297. They had been 38,792 in 1865. The subject was considered by a sub committee, and it was determined that a registrar should be appointed, and that he should take down from each applicant name, address, earnings, and some other particulars. If there were *prima facie* grounds for believing that an applicant could pay, the case was to be sent to the Charity Organisation Society. The result was that the number of out-patients fell to 18,153 in 1878, and to 14,069 in 1880. Scarcely any cases had been sent to the Charity Organisation Society for investigation—only some ten or twelve in the first year, and smaller numbers subsequently; but it became known that investigation would probably be made, and that questions were put which applicants had not been accustomed to. The early reduction had not been altogether maintained, because applicants got to know that inquiry could be made in only a few

cases, and then the number of applications increased a little, but it did not approach the former large figure. The real difficulty with hospital committees was this,—could they send away large numbers of persons without making some enquiry into their cases? It was utterly impossible for them to make enquiries into the positions of all applicants, and applicants could not be sent away unless they could be directed to proper places for the advice they required. It would not be assumed in that room that their cases would be met by the cheap doctors, who gave ‘advice and medicine for 6d.’ That the services of such men were in request was highly creditable to working men who wished to pay when they could get free advice at the hospital; they were anxious to pay the small sums that were within their means for medicine and treatment, and therefore they went to these practitioners. At a large meeting of working men on the subject, a man stated that he once paid 6d. for advice and for medicine, which he thought did him good. When he went again for the same medicine, the same doctor gave him something different. The man said, ‘It is not the same;’ the doctor replied, ‘I can assure you it is;’ but he ultimately admitted that it was not, and said he had none of the same medicine in stock, but if the man would wait a little until a few more customers came in with their sixpences, he would send out and get some of the right medicine. This showed what was the type of man who kept the cheap doctor’s shop, and the kind of treatment the poor got there. It was such practitioners as these unqualified assistants who were often mentioned in cases in which inquests had to be held. The only remedy consistent with the interests of the working classes and of the medical profession was to be found in a system of provident dispensaries. The great difficulty in establishing this remedy had been the coldness, not to say apathy, of the medical men themselves. Some years ago a movement in favour of such dispensaries was started by the late Lord F. Cavendish, Sir W. Fergusson, Sir Charles Trevelyan, and others, and the result had been the starting of eleven dispensaries, some of which were self-supporting, while others would shortly become so; but two had failed in the form in which they were started, mainly because they were too near to hospitals and dispensaries giving gratuitous relief. He had heard working men state at meetings that that was the case; they did their best to interest their fellow-workmen in the dispensary movement, and to induce them to subscribe in health for the medical attendance they would require in illness, but they could not succeed because of the existence of the out-patient departments. If we were to have a well-organised system, hospital committees must see their way to restrict somehow the number of out-patients in the interests of provident dispensaries. He would suggest that in the neighbourhood of hospitals near artisans’ dwellings there should be dispensaries in connection with the hospitals; that as far as practicable the doctors at the dispensaries should be appointed by or approved of by hospital authorities; and that the dispensary doctors should

send on to the hospital cases in which further consultation was desirable. He hoped that some such system might soon be tried under more favourable auspices than had been possible hitherto.

The Hon. REGINALD CAPEL said that he had been for some years connected with what was formerly called the Great Northern, and now the Great Northern Central Hospital. At his instigation, eight or nine years ago, an officer was appointed whose duty it was to look after the out-patients. He was stationed at the door, and was furnished with a book in which certain particulars as to the status of each applicant had to be entered. A graduated scale of payments was also adopted. Speaking from memory, a single man in receipt of 18s. a week was not considered eligible to receive charity; nor a man and wife with 21s.; nor the members of a family with 30s. a week coming in. Such applicants were not turned away, but they were referred to the provident dispensary a few yards off. The registrar was instructed not only to ask questions, but also periodically to satisfy himself that correct addresses had been given. Before this arrangement was made it was thought that a large number of the out-patients were ineligible, but after giving the experiment a fair trial with a registrar who had nothing to do but to look after the cases, it was found that only from three to six per cent. of the cases could be considered ineligible for hospital treatment, according to the scale of payment which had been adopted. Provident dispensaries ought to be established to the exclusion of free dispensaries. Many went to hospitals not because they could not pay something, but because they had confidence in hospital doctors; and if dispensaries were established not in a merely relative connection with hospitals, but under the same roofs and attended to by the same medical men, a large number of patients would go to those dispensaries, and we might have the satisfaction of knowing that the dispensary system was self-supporting, and that the fees paid by the patients went partly to the expenses of the dispensary and partly to the doctors. This plan was adopted at the Royal Albert Hospital at Portsmouth, and also he believed at a hospital in one of the midland counties. At first there was a certain amount of opposition on the part of practitioners in the immediate neighbourhood, but it was not maintained. The funds of the hospitals were increased, the dispensaries were self-supporting, and the doctors were paid something for the attendance given to the patients.

Mr. HENRY C. BURDETT said they seemed to be agreed that it was necessary that there should be a reduction in the numbers of out-patients everywhere, and that the reduction could be best secured by some form of inspection. The reduction of the numbers seemed to be a great and serious difficulty. He could not quite agree with Mr. Nixon, although his opinion carried with it the weight of great practical experience, and of probably the largest measure of success obtained by any committee of management in dealing with this subject. It is possible that a part of the success of the London Hospital might be due to the locality in which it was

situated. We often heard of the poor of East London; but five years ago, when he had to inspect some hundreds of houses in Whitechapel and St. George's in the East, he found where he did not expect it a great amount of solid respectability and substantial wealth; and therefore he would say it was not to be inferred, because a man lived in the East, he necessarily lived in a slum or was on the verge of pauperism. This qualification applied to the success of the London Hospital. Looking at the question widely, as one affecting the whole country, he did not believe that a mere system of inspection, however careful, would remedy all the evils that had to be met; and a visit to America had strengthened his conviction that the pay and free system, combined, offered the most practical and satisfactory solution. Any kind of pay system must be accompanied by free admissions for deserving cases. In America they had arrived at this solution without difficulty by a road we did not attempt to travel. We began by inquiring into the social circumstances of the patient. The Americans said, 'We will treat every one as a respectable person to this extent: we will accept statements as to circumstances, believing that the majority would like to pay something if they could afford to do so.' American Hospital Managers therefore say to the public, 'This hospital will freely relieve all who come to it, provided they prove that they are worthy of free medical relief; if they cannot do that, it becomes a question of assessing what they can pay, and allowing them to pay it.' In London this had been attempted at various hospitals, and with marked success. He was much prejudiced at first against this system, because it was introduced by special hospitals of a kind which he did not think necessary or desirable; but having investigated the system they had adopted, which in the main was similar to that the Americans had tried, he found it answered admirably; that the cases admitted free belonged largely to the right classes, and that many who were classed elsewhere as too poor to pay, gladly paid something. The pay system had been adopted with the cottage hospitals, and produced one-sixth of the income, or 20,000*l.* a year. This experience and that of the special hospitals must be embraced in any inquiry by responsible hospital authorities. It was almost if not quite impossible, from an administrator's point of view, to combine the organisation of provident dispensaries with that of hospitals, where, as in London, there were large medical schools. The successes mentioned by Mr. Capel were attained in circumstances different from those of the large metropolitan hospitals. It was impossible that the consulting surgeons and physicians could give up any portion of their limited time to attend to dispensary patients, and be paid for their fees. If we were to have dispensaries, we must try to have some outside organisation. A solution of our difficulties would probably be found in a combination of the system advocated by Mr. Nixon, with a wise development of the pay system—but not the pay system of which there had been a lamentable instance in the case of an endowed hospital. The benevolent founder

of this hospital had willed that all should enjoy free medical relief within the walls of his hospital; but his trustees now required every patient to pay a definite sum before treatment; and it was contrary to the charitable principle on which the hospitals were founded. We might say to patients, 'You are free to give if you can afford to do so, but equally free to have all you require for nothing if you can prove that your circumstances justify you in demanding free medical relief.' In these two elements we had the best solution of this question, and we should ultimately and unanimously come to recognise this important truth.

SIR CHARLES TREVELYAN, Bart., K.C.B., said that practically the only difficulty in the way of the establishing of provident dispensaries was the competition of gratuitous out-patient departments and of free dispensaries. In the management of the Metropolitan Medical Association it had been found that it was easy to establish self-supporting institutions all round the circumference of London, but near a hospital with an outdoor department no progress could be made. Although the proposals of Mr. Timothy Holmes might not be capable of immediate application, the solution of the question was to be found in that direction. Hospitals were intended to provide the highest skill and experience for those who were not able to pay for them; they were not intended for dealing with ordinary, everyday ailments. Owing to the vain attempt to cope with this latter object, a vast population was encouraged to throw themselves on a few central points in numbers which effectually prevented any proper medical diagnosis, and the moral influence of this was pauperising in a high degree. There was a time when the hospitals were bound to open their doors to all comers; but that time had gone by. The poor law dispensaries and infirmaries might vie with our best managed hospitals; and for the large class between those who could afford to pay nothing and those who could pay the ordinary fees there was the provident dispensary, founded on the principle of medical assurance. This was capable of indefinite expansion, and if it were properly carried out each hospital would have a system of subsidiary medical institutions established around it. There would be central hospitals to deal with difficult cases, and dispensaries to deal with ordinary cases on self-supporting and self-respecting principles.

SIR T. FOWELL BUXTON, Bart., said that the discussion had produced strong expressions of faith in the paying system, but not in the gratuitous system; it had been suggested that there might be an amalgamation of the two; but experience seemed to show that that was hardly possible, and that the provident and the free dispensary could not exist side by side, because the one would swallow up the other. He must express his warm faith in provident dispensaries. Medical aid, having formerly been regarded as the luxury of the few, was now assumed to be necessary for all, and those above a certain line could and would pay for themselves. For those below the line provision was made out of the poor rates; and voluntary

agency had to deal with the class above the line, who might not be able to put down a large sum, but who as a class might be able to afford sufficient to meet the ordinary requirements of family illness if they contributed to an insurance fund. Other classes had learned to insure houses, ships, and lives, and we might easily believe that the class of whom he was speaking would learn to insure themselves in the same way against ordinary sickness. The hospitals were being put to hard straits for funds, and they would have to raise them from sources which had hitherto not been drawn upon; and one of the sources must be the contributions referred to. Ten years ago he spent a long day at the Massachusetts Hospital, and the visit confirmed his conviction that the paying system as applied to out-patients and to in-patients was perfectly consistent with the existence of the most valuable charity. The ordinary system was to expect payment from every one who entered. There were three classes of beds—those that were free, those that were paid for by certain individuals who were entitled to have patients put into them, and those that were paid for patients who might, on terms, have rooms to themselves. The main principle was that all patients had to pay or be paid for, and he did not hear that on this account the hospital was in a less degree valuable as a school of medicine. It would be possible to point to many hospitals in foreign countries and in the colonies, that were yet schools of medicine, even although the paying system prevailed. He should be glad to see the paying system adopted for out-patients.

Mr. H. W. PAGE, F.R.C.S., having had considerable experience of the out-patient class, firmly believed that a system of payments would furnish the best means of dealing with this question. He would not say that that alone would suffice, or that all patients should be required to pay a certain sum; but still a system of payments, combined with inspection, would furnish the best solution of the difficulties of the hospital. On no account should any one be refused relief; all who applied should be relieved at least once; and those who continued attending and were able to afford it should be expected to make small contributions towards defraying the expenses incidental to the general distribution of relief. Payment might be insisted upon from those who could afford it; but on no ground would he allow an applicant to go away without relief. Hospitals had hesitated to institute payment, from a fear that such a system would risk the loss of subscriptions and donations, by curtailing the privilege of governors' letters; but it was not necessary that payments should involve the discontinuance of gratuitous relief. A continuing patient should either pay a small sum of money, or, if he were not able to do that, he should obtain a governor's letter, which in that case would become of more real value than at present, as being reserved for persons deserving of gratuitous relief. In this way gratuitous relief would be preserved, and payments obtained from the large number of out-patients who were willing and able to pay something. It had been suggested that patients able to pay should

be sent at once to provident dispensaries, but there was no reason why the payments should be made in dispensaries separated from hospitals when under one roof more than under another; let the money go towards the funds of the impoverished hospitals, instead of laying out capital on separate buildings. With reference to the suggested payment of the medical officers, as far as he knew, the staffs of hospitals were not wishful to receive payment for work done at the hospitals, and they were willing to go on without payment. It would seem strange to pay them for out-patient work at a separate dispensary, and not at the hospital. If patients who paid were attended to at a separate provident dispensary, the capacity of the hospital for teaching would be largely diminished. It must not be forgotten that there were schools at nearly all the general hospitals, and the staff and the students wanted as many patients as they could get within reasonable limits for the purposes of teaching, and did not want to drive them away to provident dispensaries. If those who could pay were sent away to a provident dispensary, the hospital would still have to relieve those who could not pay, and its funds would lose what might be an important contribution to the cost of its general work. The best method of dealing with the question appeared to lie in the combination of the two systems, as sketched by Mr. Burdett. Different schemes might be tried, but in the end some system of payment would, he believed, be adopted, and it might well be combined with the inspection suggested by Mr. Nixon.

Dr. GILBART-SMITH said that, in his opinion, the number of out-patients, and not their social position, was the difficulty to be solved. His experience, gained at a special hospital, led him to believe what he thought would be found to be true of all special hospitals, that it was not poverty which led the majority to become out-patients, and that therefore payment, so far from diminishing their numbers, would increase them. At the same time he could remember but few cases in which the social position of the applicants was such as to render them unfit to be received at a hospital. If out-patient letters could be obtained by small payments, besides increasing the number of patients, the plan would produce the awkwardness of having in the same room, and at the same time, doubtless, patients who paid for, and patients who obtained gratuitously, medical relief. Speaking as a medical officer—and he believed he represented the feelings of a large majority of professional brethren—he said he felt repugnance at the thought of treating at any institution patients who tendered payment for the advice for which he was held responsible. Such payment would entirely alter the position of the medical staff of a hospital, a factor which must be recognised in dealing with this question. The paying patients would undoubtedly feel that they had a claim to greater attention and care than others who paid nothing; and such increased attention, with increased numbers, would be still more difficult to bestow. In his opinion, the only way to meet this difficulty of numbers was not by exacting

payment, but to organise some such system as that advocated by Mr. Nixon, a system which he believed was working satisfactorily at the present time at the London Hospital, and a system with whose details he heartily concurred. In reference to what had been said about provident dispensaries taking the place of the out-patient departments of our large hospitals, he considered that the first difficulty arose from the fact that the provident dispensary system did not exist; indeed, it had failed to make out its own existence, seeing that, as we had heard, there were but eleven such dispensaries established in London by the Provident Dispensary Association. But even if they existed in adequate numbers, it was utterly impossible for them to compete with the several hospitals, for they could not be officered in the same way; they could not be managed in any degree, either financially, medically, or scientifically, so as to be in a position to compete successfully with the organisation of a general hospital, and therefore in the neighbourhood of a large hospital patients would rarely seek the aid of a provident dispensary. It had been said that slight ailments might with advantage be treated at a dispensary, and illness of graver character at a hospital, but who was to say when a malady was slight? It was oftentimes not an easy matter to decide whether an applicant had a slight ailment or a serious one. Many a man who complained of but slight pain was found to be the victim of serious disease—for instance, aneurism—of which the man knew nothing, and the examination necessary to discover such was not likely to be made at a dispensary. Again, it was proposed that patients should be sent to hospitals for consultations only. This system would open a wide door for great abuse; some medical men would acquire a reputation for their readiness in granting letters or cards for such consultations, and these would become as worthless as were the recommendations of the clergy and others as to the social fitness of patients for relief at certain hospitals where such certificates had been refused. For these and many other reasons, therefore, and with all due deference to the opinions of those who had preceded him in this discussion, he held, and held strongly, that the introduction of the payment system would degrade the name of Charity, for it would minimise its aspect, and alter the position of our hospitals and their medical staff.

Mr. BOUSFIELD wished to explain that, although the Provident Association had established only eleven dispensaries, there were outside of that organisation probably as many as forty provident dispensaries in the metropolis.

Mr. NIXON in reply said that a great public hospital should be regarded as a charitable, and not a commercial undertaking. It should be open to those who were (so to speak) neither poor nor rich—neither paupers nor well-to-do, who were not able to pay consultation fees nor the fees of practitioners. There was a large class of very deserving persons to whom hospitals were of infinite service, and the more patients there were of that class the better was

it for the schools. Those who advocated payments should consider how small a sum they would obtain from even a large number of paying patients, and how very little help that sum would afford financially. He did not look to social inspection with a view to the elimination of anything more than the five per cent. referred to in the case of the Great Northern Hospital; but it must be remembered that there would be the indirect results of inspection; the knowledge that it existed would deter numbers of improper cases from attempting to impose on hospitals, so that the absolute exclusions alone would not be a full test of the value of the system. Without in any way prejudicing the interests of the poor or of the medical schools, it was quite possible to choke off a large proportion of the unsuitable cases which now crowded the out-patient halls, and thus give increased facilities for the access of persons not only deserving, but requiring hospital treatment.

The CHAIRMAN (Sir Andrew Clark, Bart., M.D.) said that the first point raised, implicitly if not explicitly, was whether it was well to have out-patients at all at general hospitals. The majority of the speakers implied that it was well; one or two—one by direct statement, another by implication—held that it was unwise to have out-patients at general hospitals. The opinion of one of the latter would carry great weight. But his definition of a hospital was incomplete. A complete hospital ought to offer all sorts of knowledge, including that which an out-patient department alone could give. It was an institution which was meant, not alone for the cure of the sick in any particular form of sickness, but for the cure of the sick generally, also for the correction, confirmation, and advancement of medical knowledge, and further—what was still more important—for the training, discipline, and general education of those who were to be doctors. It might seem a bold statement, but still it was true, that by far the more important knowledge of the doctors was obtained in the out-patient department. In the in-patient department he found examples of disease which commonly issued in death, or that were discharged to die outside, so as not to burden too heavily the mortality bills of the hospital. In the in-patients' department was seen the end of disease, for the most part; there was little opportunity of learning or practising, whether for the purpose of relief or of cure; but in the out-patients' department there was the opportunity of becoming acquainted with the early aspects of disease, the state of derangement and disorder which preceded disease, which it was necessary to recognise if the medical art was to be successful. Having perhaps the largest experience of out-patients of any physician in London, he would say that it would have been utterly impossible for him to have done the work which had fallen to his hands with any approach to completeness if he had not had many years' experience of the out-patient department of the London Hospital. Seeing that in the main it was admitted that there ought to be out-patients, the next point was how to deal with the difficulty of managing them. The

discussion was one of the least partial and prejudiced he had heard. As to the question of payment or non-payment, different views had been expressed, and a remarkable statement had been made that only from four to six per cent. of the out-patients of one hospital were found to be persons who ought not to have required gratuitous relief. Early in his practice his attention was called to a man wearing a frock coat among the out-patients, and it was asked, 'What right has he to be there?' It turned out that he was a clerk with thirty shillings a week, a sick wife, and eight children; and if it was not a charity to relieve him, he did not know what charity was. The plans brought under notice by the Earl of Cork were well worth consideration. The two questions raised appeared to be payments or non-payments, and the having or not having out-patients at the great hospitals. He felt strongly about holding fast to the out-patients' department. Without it he did not know how it would be possible to become acquainted with the early aspects of disease. It would be a sad day for medical education and for society when the great general hospitals ceased to have out-patient departments.

SECOND GENERAL MEETING, APRIL 23, 1884.

HOW FAR SHOULD OUR HOSPITALS BE TRAINING
SCHOOLS FOR NURSES?

By J. S. BRISTOWE, M.D., LL.D., F.R.S.

Introductory.—Probably the greatest advance in the practice of medicine in recent times is the full recognition of the fact that it is at least as important that patients in dangerous or critical illnesses should be tended by well-trained nurses, as that they should have the benefit of the advice and care of well-trained medical practitioners. The respective duties of the nurse and of the medical man supplement one another. Without the information which a skilful and observant nurse can always impart with respect to the patient under her charge, and the feeling that any directions he may give will be faithfully and intelligently carried out, the medical man's relation to the patient must always be unsatisfactory. Without the guidance and support which the nurse receives from the doctor during his occasional visits, much of her labour will probably be misapplied, and she must often feel weary and disheartened. Their respective duties, indeed, are those which are best adapted to their respective sexes. It may be admitted that there are women who are fitted to become doctors, and that there are men who are suitable for nurses. But undoubtedly, as a general rule, sympathy, gentleness, patience, niceness, and intelligence in the presence of suffering, which are so needful in a nurse, are the special attributes of women; while the greater physical power, wider knowledge of the world and stronger grasp of facts, and the self-reliance, which for the most part characterise men, render them more suitable than women to study and to practise laborious, difficult, and responsible arts, such as that of medicine. It is almost needless to add that, in order that they may co-operate thoroughly for the benefit of the patient, it is as desirable that the nurse should

know something of medicine as that the medical man should know something of nursing, and that there should be mutual respect and loyalty.

But it is impossible that nurses can be well-informed and skilful without having been taught. No doubt women differ largely among themselves in their fitness to become nurses. Many women, and even many able and good women, can never make good nurses. Some, on the other hand, have an inherent aptitude for the work, which makes them pick up almost by intuition the principles and details of nursing under the most unpromising circumstances. The majority need and repay systematic instruction.

Admitting this, the question arises, Where should our nurses be taught? The question is obvious. They should be taught where our young medical men are taught—in hospitals and infirmaries, where there are many sick to be nursed, where there are skilled nurses competent to teach the art they practise, where there are skilled medical men ready to take their share in their education, where, in short, all the appliances for an efficient school of nursing exist.

Experience at St. Thomas's.—I don't know that I can express my own views on the subject of the education of nurses better than by giving a brief account of our experience at St. Thomas's, or perhaps I should rather say of my own reading of that experience.

When I became a student at St. Thomas's Hospital, now about eight-and-thirty years ago, our nursing, like that, I believe, of all other London hospitals, was on the whole of a very unsatisfactory character. Each ward was presided over by a head nurse or 'Sister,' under whom were two or three inferior nurses. Among these sisters were two or three of the ablest nurses I have ever met with; but they were clever women, with an inherent capacity for nursing, who had become what they were by long experience and intelligent observation. They were self-taught, excepting in so far as they had been constant pupils of the great surgeons who about that time adorned the institution. None of the women who were appointed sisters at the time I speak of had received any previous training as nurses. One I recollect had been a nursery-maid in the service of one of the hospital officials; one was the widow of a publican; one had been

a governess; and indeed they were drawn promiscuously from nearly all walks in life. I admit that most of them were respectable; but looking back I confess I am astonished that they were generally so efficient as they were. The actual nurses were of a very inferior stamp. Most of them were little more than ordinary charwomen. They received small wages; they lived to a large extent where they could outside the hospital; bought and prepared their own food; and, besides nursing the patients, scrubbed the floors of the wards. They were necessarily slovenly in their attire, dirty in their persons and habits, and to a large extent quite untrustworthy. I am bound to acknowledge that it was mainly, if not wholly, due to our former treasurer, Mr. Baggallay, to our late apothecary, Mr. Whitfield, and to our matron, Mrs. Wardroper, that this scandalous condition of things was put a stop to. I forget the exact date, but it must be nearly thirty years ago, when they took the matter seriously in hand; when greater care than had hitherto been shown began to be exercised in the selection of sisters, and when, especially, the whole of the subordinate nursing arrangements were remodelled. The nurses were selected with care; they were boarded and lodged upon the premises; menial duties were taken from them and transferred to scrubbers; they were required to devote themselves wholly to the service of the sick; and they were expected to wear a neat uniform, and to be clean and tidy in their persons. But even at this period the nurses were to a large extent wholly uneducated at the time of their appointment, and any skill they might display was gained in the wards subsequently to their appointment. Even then, as far as I know, there was no instruction in nursing given to the nurses by the sisters, and certainly the medical staff did not regard it as part of their duty to take any share in promoting their efficiency.

It was shortly after these important changes had been effected that the national testimonial was presented to Miss Nightingale, which took the form of the Nightingale Fund, and was devoted to the establishment of a school of nursing. Mainly, no doubt, on account of the greatly improved status of our nurses and quality of our nursing, and of the comparative general excellence of our nursing administration, St. Thomas's was selected as the hospital to which the new school should be attached, and

Mrs. Wardroper and Mr. Whitfield were placed at its head.

The school was opened in June 1860, and has been carried on without intermission and with increasing efficiency ever since. The probationer nurses, amongst whom are included a certain number of ladies, or special probationers, reside in a home provided for them within the walls of the hospital, where they sleep and take their meals, and have their sitting and class rooms, and where they are looked after by, and receive tutorial instruction from, an experienced lady, termed the home-sister. They receive regular special instruction in anatomy and surgical nursing by one of the surgeons, in systematic and clinical medicine by two of the physicians, and in elementary chemistry and hygiene by the lecturers on chemistry. But, above all, they pass a large portion of their time in the wards, where they take part with the staff nurses in the general nursing of the patients, and duties connected therewith, and where, moreover, they receive regular and definite instruction from the sisters. They also have instruction in cookery.

Now, what has been the result, so far as our own hospital is concerned, of this continuous education of nurses for the last four-and-twenty years? In the first place, with a single exception due to survival from old times, every one of our sisters has been fully trained before her appointment as sister. I don't pretend that we have better sisters now than the two or three exceptional ones of a former period, to whom I just now referred. But our sisters at the present time are (so far as I know without exception) ladylike, well-informed, efficient and interested in their work, always competent to give valuable information with respect to the patients under their charge, always to be trusted to carry out the directions of the medical officers. Some of them are ladies of high position. In the second place, the staff nurses are respectable, respectful, and fully competent for their duties, and moreover, like the sisters, have all been well trained previous to their appointment. In the third place, in every one of the wards there are one or two probationer nurses. Now these are in addition to the ordinary staff; and just as clinical clerks and dressers are of use to the physician and surgeon, so these are of use to the proper nursing staff; and with their aid the nursing of the patients

becomes more systematic and thorough. In the fourth place, the relations between the medical men and the nurses are much more cordial, and at the same time much more respectful, than they formerly were. This improvement, no doubt, depends in some degree on the generally improved quality of the nursing staff. But I know that it depends largely on the fact that the sisters and nurses have been the pupils of the physicians and surgeons, and that the pleasant feelings which such a relation engenders survive among their new mutual responsibilities. In the last place, one of the most interesting, if not most important, resulting phenomena is the great improvement which has taken place in the mutual demeanour of the medical students and of the nurses. I know that it was thought by some that the carrying on of a school for nurses side by side with a school for medical men might involve conflicting interests that would prove difficult of satisfactory adjustment, and might lead to constant antagonism and quarrelling. And I am sure that there was long a feeling on the part of some of those who were specially interested in the success of the Nightingale school that its interests required to be vigilantly protected from the veiled hostility of the medical men and school of medicine. Indeed I am free to acknowledge that in the presence of want of tact and judgment it would be easy to excite jealousy and ill-feeling between the two camps. But, as a matter of fact, there has never been anything of the kind. And for many years past I and others have watched with pleasure the growing sense of respect and courtesy of demeanour between the resident medical staff and the medical students on the one hand, and the nursing staff and the probationer nurses on the other. And, indeed, I do not hesitate to say that the concurrent carrying on of the two schools has been of mutual benefit, the young men becoming civilised and refined by the association in the wards with nurses of good character, who are also anxious to learn, and the young women having brushed away some of that affectation and (shall I say it?) conceit which are apt at times to obscure their better qualities. I am quite sure that most observant strangers going into our wards would be struck by the phenomena I have described; and that no one who recollects the hospital thirty or forty years ago could fail to notice the great improvement that has taken

place. The friendliness of feeling which exists has led, during the last few years, to a custom which has already become established, for the students to give at their own cost and trouble two entertainments at Christmas time, one for the nurses and such patients as are able to attend, and one (a concert) for the sisters and Nightingale probationers.

Let me add, that there are generally more than thirty probationer nurses in residence, and that we educate them not, of course, only for our purposes, but for the purposes of other hospitals and infirmaries and nursing institutions. Naturally, our own staff of sisters and nurses has been for many years largely recruited from the pupils we educate; but as some proof that we largely supply other institutions, I quote from the last annual report of the Nightingale Fund the statement that, at the time of its issue, former Nightingale probationers were holding the post of either matron or superintendent of nurses at the following, among other, institutions, viz.:—

Sydney, New South Wales General Hospital.	Huntingdon County Hospital.
Royal Victoria Hospital, Netley.	Cumberland Infirmary, Carlisle.
Edinburgh Royal Infirmary.	Metropolitan and National Nursing Association for providing Trained Nurses for the Sick Poor at their own homes, Bloomsbury Square.
St. Mary's Hospital.	
Westminster Hospital.	
Royal Hospital for Incurables, Putney.	
Liverpool Royal Infirmary.	
„ Southern Hospital.	The North London District Nursing Association, Holloway.
„ Workhouse Infirmary.	
Marylebone Workhouse Infirmary.	The Paddington and Marylebone District Nursing Association, Edgware Road.
Salisbury Infirmary.	
Lincoln County Hospital.	
Leeds Infirmary.	

The foregoing statement sufficiently indicates my general views with respect to the special education of nurses, and of training them as medical students are trained in hospitals and other institutions for the treatment of the sick. There are several questions, however, connected with

the subject, which I should like to consider in a little fuller detail.

Concluding observations:—1. The demand for trained nurses is growing year by year. Hospitals, and even work-house infirmaries, all over the country are appointing experienced matrons or superintendents, and nurses who have been properly taught; and obviously, in the not far distant future, only specially educated women will be accepted for such appointments. The multiplication of nursing associations points to the growing appreciation on the part of the general public of skilled nursing; and this appreciation will doubtless extend, so that ere long we may hope that generally the ignorant and dangerous monthly nurses who abounded in former times, and the charwomen who still largely officiate as sick nurses, will be replaced by women who have been educated to their work and understand it. It is obvious, indeed, that of late years a high and holy career, a career for which women are specially fit, has been unfolding itself before them; a career, moreover, which presents many grades, and is suitable therefore both for the refined lady and for the artisan's daughter, for the woman of high ability, and for her whose ability is mainly the possession of the womanly instincts of ready sympathy, neatness, and cleanliness. Of course, to make a leader amongst nurses demands some of those higher intellectual qualities which are also requisite in those who acquire a foremost place in other professions.

2. The probability is, I think, that hereafter the demand for skilled nurses will be numerically larger than the demand for medical men; and hence the facilities for teaching them must by degrees be largely increased. How must this want be met? Not, I take it, by establishing large nursing schools, equivalent to the large schools of medicine, but by multiplying small schools throughout the country. To teach nurses the science and art of nursing does not require that elaborate machinery, the numerous and expensive appliances, and the galaxy of learned professors, which are needed for the successful conduct of a school of medicine. And further, the real education of nurses is obtained by dwelling among the patients, and by studying and ministering to their needs during the varying phases of their maladies. The former fact shows that it is needless to have large schools; the latter fact points to

the impossibility of conducting large schools with benefit. Nevertheless, I am satisfied that the teaching will always be best carried on in a hospital with a medical school attached. My opinion is that every hospital should have its nursing school; and also that nursing schools should be established in at any rate all the better workhouse infirmaries.

3. The subject proposed for discussion does not include the methods and subjects of education; and I have no intention of going into this matter further than to express my opinion on one or two points connected therewith, which seem to me to be germane to the subject of discussion. I have no doubt that the probationers at St. Thomas's on the whole receive valuable instruction, and become well-informed and efficient nurses. But I am not prepared to say that our methods or our curriculum is the best possible, or that other systems do not turn out equally good nurses. This is an inquiry which, I think, might well be taken up on some future occasion. There are two conditions, however, in our educational arrangements which seem to me of fundamental importance: the one is, that the nursing is taught by precept and example by the sisters or head nurses of the wards; the other is, that the medical men, or at any rate some of them, take an important share in the work of teaching. It is no doubt difficult to see how nursing could be efficiently taught otherwise than by skilled nurses who are in the active exercise of their duties, and have abundant teaching material at their command. But it is perhaps apt to be overlooked that the having to teach improves the teachers; and that a sister or nurse, who systematically helps to educate those who are beneath her, is likely to become in consequence a better-informed and more skilful nurse than she otherwise would have been. Medical men cannot teach nursing. Very few indeed are competent to teach it, even if they had the time or the opportunity. But they can teach nurses something of what they know; and such teaching may be of important benefit to the nurses. I don't speak of elementary anatomy, physiology, and chemistry, with which it is desirable they should have some acquaintance, but which need not necessarily be taught by the physicians or surgeons; but I refer to the principles of medicine and surgery, and to clinical instruction in the wards. It seems to me that it is a most desirable thing that nurses should

have some available knowledge of the nature and symptoms and tendencies of the maladies from which the patients under their charge are suffering. It adds a zest to their duties, which are apt to be monotonous; it enables them to obtain intelligent and intelligible information with respect to patients either from themselves or from their friends; it gives them the power to assist the physician by watching and recording symptoms which have taken place in his absence; and it gives them confidence and skill to act in emergencies. I have always found those medical nurses best who are best acquainted with the principles and practice of medicine; and I never hesitate to give a nurse as full information on a case as I would give a medical student. Another important reason why the medical men of a hospital should take a systematic part in the education of the nurses is, as I have already shown, that they thereby acquire the confidence and respect of the nurses, and a feeling of sympathy with the nurses themselves, which are conducive in the highest degree to the harmonious working of the medical and nursing departments.

4. The nursing school, as it seems to me, ought to be under the immediate control of the governors or committee of management of the hospital or other institution to which it is attached. No direct influence from without, whether for good or evil, ought to be permitted. I need scarcely say that this implies that the nursing establishment should likewise be under the sole control of the hospital authorities. It may be replied that the Nightingale school at St. Thomas's, which I have been holding up as an example, furnishes a proof that a nursing school can be successfully carried on for many years, even though its committee of management have, as a body, no connection with the hospital itself. I believe myself that there is an element of danger in this dual control, even at St. Thomas's; and I think that I could, without difficulty, refer to occurrences in proof. But, on the other hand, there are many circumstances which tend to minimise the danger in our case. The matron of the hospital, who is the servant of the governors of the hospital, is the appointed head of the school. The sisters and staff nurses, though they have nearly all been educated in the home, have nothing more to do with it; they are the servants of the governors. The medical men of the hospital and the

lecturers in the medical school are recognised teachers of the nurses. And lastly, the council of the Nightingale Fund is a small body of gentlemen of high character, and the secretary is himself a governor of St. Thomas's.

5. The last subject to which I shall refer is the question of cost, a subject to be well considered by subscription hospitals which may think of establishing nursing schools. At St. Thomas's we are so far fortunately circumstanced that a considerable proportion of the cost of the establishment is defrayed from the Nightingale Fund. But the hospital provides and maintains the home, and in other ways is put to considerable expense on behalf of the school. The lady probationers contribute towards their maintenance; the ordinary probationers are educated, boarded, and lodged entirely gratuitously, and, moreover, each receives a small salary from the Nightingale Fund. I think it is fully admitted, that whatever money the hospital expends in the Nightingale establishment (which, by the way, goes to swell the average cost of our nursing) is fully repaid by the value of the services rendered directly by it.

It is hardly possible that an efficient nursing school should be carried on without entailing some expense on the institution with which it is connected. And the expense would necessarily be considerably increased if (as I conceive is the best plan) a home were provided for the probationers. There are various ways in which this difficulty might be met. In the first place, the hospital itself might set apart a certain proportion of its annual income towards the maintenance of the school. In the case of the large endowed hospitals, and of large parochial infirmaries, like that of Marylebone, this might very fairly be done. But, in the case of most subscription hospitals, especially those in large towns, it would, I think, be practically impossible, or, if possible, impolitic. In the second place, a special fund might be obtained by subscriptions for the purpose. And, looking to the great benefit the public are likely to gain by the provision of large numbers of trained nurses for home nursing, it seems not unlikely that sufficient pecuniary support might be secured without much difficulty. But, in the third place, such schools should be made, as far as possible, self-supporting. There can be no doubt that a large proportion of those who wish to become nurses can pay either of themselves,

or through their friends, a more or less large proportion, or even the whole, of the expense which is incurred on their behalf; and considering that they are being educated for a noble employment, and are being fitted to earn a substantial livelihood, it is at least not unreasonable that some pecuniary sacrifice on their part should thus be incurred. In the last place, it is desirable, for practical reasons, that the expenses of the nursing establishment should be made as moderate as is compatible with efficiency. And for this reason it may be worth consideration whether in some cases the provision of a home might not be dispensed with, the probationers being allowed to live with their friends, and required, as medical students are, to come daily to their educational duties.

On the same.

By Miss EVA C. E. LÜCKES, Matron of the London Hospital.

In compliance with the kind request of the Council, I have the pleasure to say a few words on the question under discussion this evening.

I am distinctly of opinion that, subservient to the individual interests of each hospital, and of any medical school in connection with it, hospitals should be utilised for the training of nurses to the fullest possible extent, and their capabilities for this purpose should be, for the most part, further developed. I have arrived at this conclusion chiefly on the following grounds:—

1. It appears desirable, as an economical method of supplying more nursing power to the hospitals, with a view to securing the efficient carrying out of the treatment ordered, and of providing suitable successors to those who leave.
2. It is the most practical way of relieving the long hours and over-work from which hospital nurses almost universally suffer.
3. It is essential in the interests of the public, whose demands for trained nurses for almost every branch of the work far exceed the supply.

I speak first of the advantages that may accrue to the

hospitals themselves, as it is chiefly from that point of view that the matter is now before us.

A certain amount of skilled labour is absolutely necessary for the efficient nursing of every hospital, though there may be excellent reasons for the proportion of trained workers varying widely at different institutions. I refrain from suggesting any average number of patients to nurses, or nurses to patients, as this cannot be justly estimated without giving due weight to the class of cases to be nursed, the arrangement of the beds in reference to the possibilities of supervision, and other minor details that can only be satisfactorily settled in compliance with the requirements of those who are responsible for the practical management.

It is manifestly desirable for each hospital to secure a staff of permanent nurses proportioned to its own needs. I would advocate that the fully-trained workers should be allotted to, and kept in, their respective wards, without any idea of being transferred from one to another, unless under exceptional circumstances, to be approved by all concerned. But I consider that a definite amount of the nursing power required could be economically and advantageously provided by a training school of a size proportioned to the work of the hospital. In domestic arrangements, the fact of the work in any one department being too much for one person does not imply a necessity for providing equally competent workers to assist. Comparatively ignorant persons are employed at a lower rate of payment. For instance, most people employ one cook and as many kitchen-maids as may be required for the efficient execution of her work. These gain a knowledge of cooking in the performance of such duties as may be assigned to them, and in the course of time are competent to become cooks elsewhere, with the increase of wages that proficiency commands. Similarly in hospitals, two pairs of hands may be needed for the careful night or day nursing of a certain number of patients, but it does not in the least follow that both should be equally competent, and that the hospital should pay for two fully-trained nurses, when one experienced nurse and a comparatively untrained assistant would be sufficient for the work. Besides, in practice it answers far better to have one person responsible for the carrying out of certain duties, giving her such assistance as may be necessary,

than to make two persons equally responsible for the same things; the latter arrangement is not conducive to efficient or harmonious results either in domestic or hospital life.

It may be urged that it is all very well for each hospital to train a sufficient number of nurses to provide for its own needs, but that its work as a training school should be limited to such requirements. Practically, that is not an easy thing to do. The changes in the nursing staff of any hospital from ordinary causes occur at different times in very varying proportions, and supposing it were possible to make an approximate estimate of the numbers that would change in any given time, it involves the necessity of keeping additional trained workers at an adequate rate of payment, whereas beginners at a lower sum would be as well or better adapted to the work required of them. Moreover, it would usually be found that fully-trained nurses are not attracted by the prospect of being retained as 'extra hands.' They would seek other appointments, and any temporary pressure of changes at one time would probably find the hospital deprived of its supplementary supply, and obliged to furnish its needs from other sources, or make the best of untrained workers.

No one could deplore more strongly than I should do any attempt to sacrifice the efficiency of the nursing of a hospital by an *undue* enlargement of its training school. Under no circumstances could it be desirable to take unlimited numbers of inexperienced women, and reduce the regular staff to an extent that would be inconvenient to the medical staff, injurious to the patients, and deteriorating to the quality of the training given.

That every hospital should get a fair equivalent for the training bestowed, either in the length of service secured or in a money payment, is only fair and reasonable. In order to maintain its own nursing at a high standard it would be well to ensure that a fixed proportion of the probationers received should consist of those bound to give time in return for their training; while the number of those who pay, instead of serving the hospital for a definite period, should be restricted, not too narrowly, but within limits sufficient to prevent any risk of deficiency in the supply of trained nurses for the use of the institution.

The *character* of the training given is an important point in considering how far our hospitals should be training schools for nurses. If the expression is intended

to convey anything short of learning to perform all the practical duties connected with the care of the sick and injured in a thoroughly business-like manner, it can scarcely be to the real advantage of any hospital to open its wards to amateur workers.

Let us have nurses from all classes of society, and by all means let us have paying probationers as well as those who are prepared to give time instead of money to the hospital, but do not let social or pecuniary distinctions make the slightest difference in the nature of the training given; such differences where they exist are, in my judgment, disastrous in their results, and it is somewhat difficult to conceive how they could well be otherwise.

On completion of training let us have due regard to such important qualifications as education and gentle associations by selecting those who possess them for the more responsible posts. At the same time let us remember that those who are to be placed over others must be technically qualified for their position by having had the actual practical experience themselves.

Again, the enforcement of this system has the indirect advantage of excluding women who are not inclined for real, earnest work, but seem to be attracted by the idea of excitement or sensation sometimes connected with hospital life, rather than by the opportunity for usefulness which it affords. With the limited resources at the disposal of the large number eager to become trained nurses, it is superfluous to waste any vacancies on those not likely or not able to profit by the experience. In saying this I would not be understood to mean that our hospitals should only be open to those who desire to take up nursing as a profession. I believe the knowledge that can be gained during a course of training may be useful in any class of life, and that an intelligent woman would find the process 'educating' in a very full sense of the term. But what I venture to insist on is that *all* who enter a hospital to learn nursing—with whatever ultimate object—shall work while in the wards from a thorough business-like point of view, and in an eminently practical manner.

Not the less forcibly do I deprecate for *all* nurses and probationers the large amount of housework which too often falls to their share. It is an obvious waste of power to use skilled labourers for rough work that could be done as well, or indeed better, by those fitted for that kind of

employment solely. If this fact were more clearly recognised it would produce a beneficial result upon hospital management generally.

Doubtless, duties appertaining to housework rather than nursing fall more heavily upon ladies than upon those accustomed to them; but while this seems to me a strong argument for separating nursing from ward-work, and for avoiding the waste of the time and strength of all engaged in nursing work, the difficulty is not met by making distinctions between the *training* of ladies and others. In my opinion this superficial way of dealing with the matter merely complicates it, and instead of removing the evil enhances it by eventually detracting from the thoroughness of the training given to *all* probationers equally. Nursing itself implies a fair share of purely mechanical work, and that should be cheerfully done by every woman, irrespective of her social position, who aspires to become a trained nurse.

It has been suggested that this much-talked-of process of 'training' is altogether superfluous; that if a person were engaged and placed in one ward, she would learn to perform the duties appertaining to that ward, to the satisfaction of all immediately concerned, in the same way that if you engage a servant to act as cook or housemaid you do not expect them to change places. The case does not appear to me analogous, for one patient may be a medical and a surgical case at the same time, and it is manifestly desirable that the nurse should be competent to perform *all* the duties that may be assigned to her. Experience is the only valuable test of this theory, and I have repeatedly found that nurses who have been thus dealt with constantly grow dissatisfied, and declare that they want what they usually term 'an insight' into that branch of the work with which they are unacquainted. If their request is refused, they simply yield to restlessness and leave, for trained nurses have no difficulty in finding places; if their wish is complied with, it means that a nurse who is receiving full payment must be consigned to the duties of a probationer, or placed in charge of a class of cases of the treatment of which she knows nothing.

On the other hand, if a probationer is transferred from medical to surgical wards while she is only acting as assistant under those more experienced than herself, during a regular period of training, by the expiration of that time

she has usually a distinct preference for one kind of nursing. She is glad to confine her attention to that branch of the work for which she is best fitted, and can do so without fear of being found at a loss if other duties are required of her.

The long hours on duty from which nurses almost universally suffer require—in some cases I may fairly say *urgently* require—a remedy. I can suggest none as economical, and in every way as desirable, as providing more workers, where these are needed, by enlarging the training school.

Most people will admit that to be ‘on duty’ from 7 A.M. to 9 P.M.—even if two hours off duty *can* be secured—is a very long time. If the severe strain on mind and body which nursing often entails be taken into consideration, it will scarcely be a matter for surprise that nurses constantly complain of fatigue, and frequently go about their work looking well nigh worn out.

Other occupations besides nursing may involve twelve hours’ work a day, but I think there is hardly any other employment that demands such incessant and unintermitting attention as the care of the sick. A nurse may have been ‘on duty’ all day, and those for whom she works may notice and be sorry to see her looking over-tired, but this fact does not enable a critical case to be left unwatched, or justify the wants of patients being neglected. A nurse cannot be told, as many other workers may, to ‘get a rest and work the harder to make up for it afterwards,’ or to ‘finish up her work and go off duty for a rest’—the very nature of her employment renders this impossible. Nurses cannot be released without more or less competent substitutes to carry on their duties at such times as they can be spared for the rest and recreation which is essential, if they are to continue well in health and bright and efficient in their work. These substitutes could easily be provided from the probationers, who have the opportunity of observing the best method of performing the exact duties required, and are for the most part anxious to discharge their temporary responsibilities with care and accuracy. In too many hospitals the supply of probationers does not allow either the nurses or the probationers themselves to have proper times off duty with a regularity that could be regarded as shortening the long hours of duty now prevalent. The annual holidays are,

as a rule, far too short, except such as come under the heading of 'sick leave,' and it seems probable that more time off duty daily might be indirectly the means of satisfactorily curtailing the necessity for the latter. Improvement in these respects would form a costly part of hospital administration unless they could be provided by a well-managed training school.

No one interested in nursing work can be cognisant of the regular demand for 'trained nurses' for private, district, and parish nursing all over the country, for cottage hospitals, or small hospitals that have no resources for training their own nurses, and latterly for workhouse infirmaries, without deploring the great inadequacy of the supply.

At the London Hospital it is no exaggeration to say that dozens of applications are received every year for trained nurses for one or other of these branches of work, though for the most part without the slightest chance of being able to provide them. On the other hand, there are from every class innumerable applicants for training that it is impossible to receive, and yet that could all secure places immediately if they could only obtain this necessary qualification. If this is true in reference to the large training school for nurses at the London Hospital, the same facts doubtless apply to our other hospitals. Nor is it extraordinary that the supply of trained nurses should be so inadequate to meet the demand.

Nurses *must* be trained in hospitals before they are qualified for any one of the appointments that I have named, so unless the opportunities for training are increased there is no possibility that the requisite number of trained nurses *can* be forthcoming. When we reflect also that a certain proportion of those who *are* trained are lost to the work every year by death, marriage, and other personal reasons, it is not remarkable that there are so few to supply the ever-increasing demand.

At present there is much work left undone for want of trained workers, and many women sadly in need of employment. It surely rests with the hospitals to do all in their power to provide the training that will be instrumental in meeting both demands.

It seems only right and fair that the public who assist in the maintenance of hospitals should be able to secure skilled nursing for themselves, and not be worse off than

their poorer neighbours in this respect. Not that I would recommend that each hospital should have a private nursing staff attached. On the contrary, I believe such an arrangement to be most undesirable. It involves more changes in the wards than are otherwise necessary, it introduces rather an unsettling element amongst the regular hospital nurses, and the private nurses themselves are scarcely rendered more fit for their particular duties by a return to that kind of work.

It is widely acknowledged that the public derive great benefit from the medical skill and knowledge acquired in hospital practice, and it is a little difficult to understand why the same should not apply equally to nursing. There may be some who think that it would be impossible to reconcile the claims of a training school for nurses with those of a medical school attached to the same hospital, and who maintain that their respective interests must of necessity clash. I do not find it easy to discover any reasonable basis for this fear, which, if well founded, would be a very serious consideration. I fail to see why there should be any idea of rivalry in work which calls for such cordial co-operation as doctoring and nursing—work, indeed, which partially depends for its success upon this mutual co-operation. Let it be understood that if there are details over which claims, said to be conflicting, may arise, the nursing interests should be subservient and not antagonistic to those of the medical school. No confusion in practice can arise except from a failure to appreciate the relative positions of doctors and nurses.

It may be that this principle is not universally recognised, but once admitted its practical application is clear, and can but ensure a satisfactory result.

Neither should it be forgotten that hospitals were primarily instituted for the benefit of the sick poor, and that the maintenance of an adequate supply of kind and efficient nurses is very conducive to their comfort.

The medical staff are materially assisted in their important work by the intelligent carrying out of, and *implicit obedience* to, their orders, which thorough training *alone* can ensure, and the patients not only gain this advantage, but find some of their sufferings diminished and their contentment increased by the gentle influences emanating from educated women with those wide, large-hearted sympathies which especially fit some of them for this kind of work.

Efficient hospital administration is best obtained by a judicious combination of the different objects for which hospitals exist, not giving undue prominence to any one claim to the comparative exclusion of others, but rather by endeavouring to develop all their resources in such harmonious proportions as will produce a satisfactory result.

These are the chief reasons why I venture to think that hospitals should be utilised as far as possible as training schools for nurses, and I must not detain you by enlarging upon them further.

DISCUSSION.

Major ALEXANDER H. ROSS, M.P., Vice-President, in the Chair.

Mr. PERCY WIGRAM (treasurer of the East London Nursing Society), wished to testify how much had been already gained from the training of nurses in hospitals. The object of the Society was to supply nurses to the poor. At first they could not be obtained; but now the Society would not employ them unless they had been trained. The Society had been largely helped by the London and the Westminster hospitals, and gratitude was due to the London Hospital for allowing nurses to attend lectures. If it were not for the training that was given already in hospitals, the Society would not be able to do the work it was doing.

Dr. J. KINGSTON FOWLER said that in the two papers which had been read it had been so fully recognised that it was one of the primary duties of hospitals, particularly those to which medical schools were attached, to train nurses, that it was hardly necessary to enlarge upon *that* point in the discussion. A subject to which he would address himself was raised by Miss Lückes, when she said that she would not recommend that each hospital should have a private nursing staff attached. He had had some experience of an attempt to introduce a system which had met with considerable success. At the hospital at Cambridge there were in 1877 ten nurses of the old type, with an average of ninety-five patients, and the cost of nursing was 4*l.* 2*s.* 9*d.* per bed. In 1878 a training school was started, and a beginning was made in seeking to provide nurses for the families of the town of Cambridge. In 1882 there were thirty nurses, the average number of patients was 103, and the cost of nursing per bed was reduced to 3*l.* 13*s.* 3*d.* That had been brought about partly by payments received from probationers, and partly by the nursing of the sick of the town and the University, which in that year had produced 550*l.* He believed that if hospitals, particularly those to which medical schools were attached, not only established nursing

schools, but also made themselves centres from which nurses could be sent out to private families, they would diminish the cost of nursing without affecting the incomes of the nurses after their period of training was over. The accounts of a nursing institution in London, which employed 200 nurses and undertook the nursing of two general hospitals, showed, after paying the wages of nurses and for their clothing, a balance of 3,344*l.*, from which had to be deducted the cost of management and the boarding of the unemployed nurses. It was especially in these two items that a great saving would be effected by adopting this system, for there was already at nearly every general hospital a staff sufficient for its administration, and none of the nurses need be unemployed. He found that the cost of the nurses in the two hospitals he had alluded to was 3,104*l.*; it therefore appeared that if they had had the advantages of the services of the proportion of those two hundred nurses who were employed in private families, the expenses of their nursing departments would have been almost entirely saved. The only expense that need be incurred would be that of providing living and sleeping accommodation where the space now available was not sufficient for the necessary increase of the staff. This system was applicable not only to London, but to every country town where there was a hospital. In many of these towns there were nursing institutions working to little profit, from the cost of the unemployed nurses and the expenses of management. Both these would be materially lessened if the nurses employed in nursing in private families formed part of the regular nursing staff of a hospital. He had no doubt that if any London hospital were to intimate to all the medical men who had been trained at it that it had established a school for nursing, and that it was prepared to provide nurses at their request, that hospital would receive the support of all the medical men who had been trained there, and of the medical staff. One of the most important advantages to be expected was the greatly increased interest which would be taken by the public in the hospitals. Every patient properly nursed would be a friend of the hospital, and a probable donor to it. He had been told that it was by no means uncommon for patients to send donations to a hospital simply because their nurses had been trained there, although that hospital had not directly supplied them. Private nursing institutions met a want, to supply which was one of the functions of the hospitals; if they did so, the hospitals would save a very considerable amount in the cost of their nursing, the wages of the nurses would not be in any way diminished, whilst their social condition would be improved.

Mr. TIMOTHY HOLMES, F.R.C.S., said that there was no difference of opinion among those who knew anything about hospitals as to the great desirability of establishing nursing institutions in connection with hospitals. At present hospitals were generally regarded as primarily instituted for the benefit of the sick poor; but they had another function which was equally important, and in his opinion infinitely more important, and which too little

attention was given to publicly. Hospitals were instituted not only for the benefit of the sick poor, but for the teaching of medicine and of surgery—things which were of far more importance than any benefits which were conferred upon the patients immediately under treatment. The benefits which the sick poor obtained were no doubt great, but they were confined to the few hundreds or thousands who were under treatment in the hospitals, whereas the benefits which the general public obtained from the institutions were not limited to themselves, nor to the millions who inhabited the city, nor to the persons who lived at present, but they were extended to the whole human race present and to come; and that seemed to be almost lost sight of in considering our hospital system. The main function, as it seemed to him, of hospitals, was that they should teach the practice of medicine and surgery. From that teaching by hospitals in the present generation there had followed a saving of human life which was almost incalculable, an improvement in medical science which he looked upon with amazement and which had more to do with the maintenance and progress of the human race than any political or social change which had happened during the same period. All this was considered by some to be what was called a doctor's question, that is to say, the question of our life or death was thrown upon the medical attendant; could anything be more ridiculous? The function of the hospital as a school of medicine and surgery was strangely neglected by the general public. And as a school of nursing, its function was and ought to be very great. A hospital ought to be, first, a school of medicine; secondly, a place of charity; and thirdly, a place for the teaching of nursing. The public would never get a right idea of the way of maintaining hospitals until they got a right idea of the objects of hospitals. At present, a good deal of sensational nonsense was talked about them; some seemed to think that they were intended merely as a sort of outlet for their emotions towards persons who were sick. Considering the conditions under which the money was subscribed, it certainly appears impossible to appropriate subscriptions to hospitals to the maintenance of schools for nursing. But such appropriation is unnecessary. There is no reason why the general public should subscribe to the maintenance of medical schools. If the practice of medicine was not a lucrative one, it did at all events provide bread and cheese. The practice of nursing ought to be on the same footing. It was justly said that the demand for nurses was greater than could be supplied, and, if that were so, why should subscriptions be required for schools of nursing? or why should subscriptions given for other purposes be devoted to schools of nursing? A school of nursing ought to be as independent of a hospital as a school of medicine: neither more so nor less; and nurses ought to be as perfectly under the control of the medical staff and the governors as medical students are. They ought to be admitted by the governors of the hospital, controlled by the medical staff, and dischargeable by the staff of the hospital, exactly in the same way as medical students are; and they ought to be just

as independent of the funds which are subscribed for the purposes of charity, as is the medical school. There did not appear to be any reason why governors should expend sixpence upon a school of nursing any more than they did upon a school of medicine. Without reservation he entirely agreed with the authors of both papers as to the advantages which would be derived by the medical profession, by patients, and by the public, from properly managed schools of nursing connected with hospitals; but at the same time there were enormous difficulties in the way of establishing them at many hospitals. The difficulty at St. George's was that of obtaining space. There was no land in the neighbourhood on which they could build, and the structure had been elevated until there was quite as much of it as the foundations would carry. The premises could not be extended in any way. The difficulty was one connected with the irrational distribution of hospitals in London: most of them were at the west end, while at the east end, where they were required, the price of land was more reasonable, and the difficulty of building would be less. The finances of the schools for nursing ought to be kept distinct from those of the hospitals, and, as there was no reason why the profession of nursing should not be made self-supporting, there was no reason why any appeal should be made to the public for funds.

Mr. HENRY C. BURDETT said that, if a justification were wanted for the establishment of the Hospitals Association, it was furnished by the attendance of the representatives of the larger and the smaller hospitals and of so many ladies who were engaged in, or practically interested in the question of, nursing, all of whom would receive and confer benefit by being members of the Association. In spite of all that had fallen from Mr. Holmes, it did not appear that nursing was yet appreciated as it should be, as an essential part of hospital administration. No doubt there had been great changes in nursing since the days when nurses scrubbed the wards; but one change was still required in the minds of some hospital committees, and it was an appreciation of the fact that, if you were to have an improved material, you must also have improved treatment. One difficulty was to get some committees to understand that nursing was not an appetising occupation, and that nurses required some consideration in the way of variety and luxury of food. There would have been fewer difficulties in the improvement of nursing if this fact had been understood and acted upon from the first. It would be well if a scheme could be drawn up under which nurses could be provided for in sickness, old age, and disablement. There was a difficulty in knowing where to send nurses when they themselves were sick. Other persons did not want to meet their clients in their retreats; nor did nurses want to meet patients; but there was at present no convalescent home for nurses free from this objection. He was about to raise the question whether there should not be a national insurance fund on sound business principles and holiday houses which could be used by nurses on reasonable

payment. The capital would be forthcoming if it were made manifest that these requirements were so pressing that they ought to be met; and there was no doubt that candidates for training would be forthcoming if nursing were recognised as a profession, and if those who devoted their best years to it could be assisted to co-operate in providing for sickness and old age. There were a few first principles to be laid down, and with the acceptance of these, difficulties would disappear. Every hospital must understand that it must train its own nurses. The governing body must appoint the head of the nursing staff, and the nursing staff must be a part of the organisation of the hospital. If a nurse were admitted as a probationer, it must be a matter of business, and all, from whatever social grade they might be drawn, should be trained alike. If there were to be a privileged few, if one were to be allowed to say, 'This is not quite pleasant—I should not like to dirty my hands,' or if another were to say, 'I am not here to learn nursing in the strict sense,' there had always been, and would continue to be, insuperable difficulties. It must be understood that all were to be trained alike; and if any would not go through the training, they ought not to be allowed to remain. Nurses ought to be paid, fed, and housed properly. He did not agree that the question of a nurses' home was not within the proper expenditure of a hospital. It was essential, if you were to train a nursing staff, that it should be properly housed. This was now fully recognised in all the newly-erected hospitals, even in those under the poor law. Finally, although a nurse had been trained in a hospital, it must come to be understood she was not necessarily a trained nurse. If this had been recognised years ago, we should not have had the nursing scandals we have had. They had been due to the fact that nurses, trained at hospitals where there was no clinical school, had been brought without warning into a hospital where there was such a school, and they had thought it was their duty to do work they had formerly done. If the difference in the two positions had been recognised at first, we should not have had the difficulties and friction that there had been in one or two instances. To be a thoroughly trained nurse, a nurse must be prepared to nurse cases in a non-clinical hospital, and also in a clinical hospital, in which latter it was her duty to stand aside and allow students to take her place in the clinical part of the work. If such first principles were once accepted and acted upon, all difficulties would speedily disappear in the management and training of nursing and nurses in all kinds of hospitals.

Mr. CHARLES MACNAMARA, F.R.C.S., said that he wished that some of the ladies experienced in nursing would have taken part in the discussion. He should say broadly that the efficiency of a hospital as a training school for nurses must depend entirely upon the superintendent of nursing, and of the cost it entails to the hospital. No hospital could be a proper training school where there was not thorough harmony between the medical staff and the superinten-

dent of nursing; and, unless it existed, you could not have a school for nursing in one of our large hospitals where there was a medical school. Then how was the superintendent to be appointed? Was she to be independent of the hospital authorities or dependent upon them? It was true that in the Nightingale Fund Home at St. Thomas's this question did not arise. Fortunately the head of the nursing establishment had been so long connected with the hospital as matron, that virtually her function had come to be entirely coincident. Wherever such a relation can be established, there can be no difficulty. The sisters in charge of the wards ought never to be removed without the assent of the staff. If there was accord between the heads of the nursing department and the medical officers, in all probability a school for the training of nurses would flourish. The medical staff could have little to do with actual nursing; they could do very little towards training nurses individually; during their visits to the wards their time must be taken up with patients and students; they could say nothing and know nothing about the nursing, and they must depend upon some one having power to carry out their instructions; they must be issued and can only be carried out through the sisters and superintendents in charge of the various wards. The probationers must be under the control of the superintendent of nursing, both as to admitting and discharging them, and if the medical staff have complaints to make, they must go to the superintendent of nursing. This arrangement was necessary if there was to be that amicable co-operation between the medical staff and the nurses which was essential to the welfare of the hospital, whose first function was care for the sick; on this its funds should be expended, and not on training either students or nurses: these should be made to pay for their medical education. Where there was division, where the medical men had none they could rely upon, where the nursing came from outside sources, then there were cross purposes, disunion, and discord, which militated against a hospital being a proper place for the training of nurses.

Mr. PIETRO MICHELLI, (Secretary, St. Mary's Hospital,) said he was surprised to hear from Dr. Fowler that one nursing institution had paid. He had obtained particulars from seven nursing institutions, and all had been worked at a loss. From a financial point of view he thought such institutions ought not to be attached to hospitals, unless they were on the same footing as medical schools—entirely independent, having their own fees, and paying their own expenses. The public were not called upon to pay for medical schools, and he did not see why they should pay for the training of nurses.

Mr. ALFRED HAGGARD (Secretary, London Hospital) said that the training school for nurses at the London Hospital had been in existence for some years, and had been doing excellent work. All the ladies who went there to be trained had to make an adequate payment for the advantages they received. Although it was necessary

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that those who were in a position to pay adequately should do so, it was obvious that there must be in every great hospital a number of nurses who were not in a position to make a payment of that sort, and the hospitals rather needed the services of those who could not be called upon to make such payment. Medical students who went into the wards to obtain medical education nearly always were in a position to pay for the benefits they received, but a large proportion of those who would be employed as nurses were not in that position. It would be admitted by nearly all who had had experience in nursing that it would be undesirable indeed if the nurses consisted exclusively of the class understood by the description of ladies: a mixture of the classes was very valuable both for those of gentle and those of inferior birth. A lady of gentle birth, who was brought into contact with persons of an inferior grade accustomed to rougher modes of life, would be prevented from being too refined and standing too much on dignity. For persons of lower birth it was an excellent thing that they should be brought into contact with ladies of refinement and culture. At the London Hospital the matron was appointed by the governors, and had authority over the nurses who, subject to the control of the governors, could be dismissed by her. The medical staff worked in harmony with her, and any representations they made were heard and attended to by her. None of the difficulties incidental to less perfect organisation had ever occurred at the London Hospital. If it were said that hospitals were supported not to promote medical education, but to heal the sick lying at the door, it must be remembered that the object of medical education was the healing of the sick. It was most urgently necessary that they who had the management of hospitals should know that those highly-organised machines called nurses ought to be properly housed and cared for.

Dr. GILBART-SMITH said there appeared to be great divergencies of opinion as to the extent to which hospitals might be used as training schools for nurses. In peculiar circumstances, perhaps, a hospital might be worked successfully as a training school for nurses; but he did not think that where there was a clinical school attached, a hospital could be used for the training of nurses for outside demands with any degree of success in London. It might, perhaps, be worked successfully from a financial point of view if a large number of paying learners were passed through; but he should like some information as to how far the training of nurses for outside demand affected the efficiency of the hospital in the treatment of patients and as a medical school. Fixed nurses had been likened to cooks and probationers to kitchen maids; but the broth was spoiled by too many cooks, while as to patients it might be said the more cooks they had, the better, and the more kitchenmaids, the worse. If you turned hospitals into schools for nurses, to meet demands greater than their own requirements, you would fill the wards with kitchenmaids and drive out the cooks, for no matron would be able to withstand the increased demands made upon her to push as much raw material as possible through the machine. In

a recent discussion it was stated, respecting a large hospital, that probationers were being put through the mill at such a rate that the patients were being neglected and the fixed nurses were not fixed. If we attempted to turn large hospitals into training schools of this sort, we should be committing a mistake: the work would not be consistent with the curing of the sick and the teaching of medical men. He was glad to find that the matron of the hospital to which he was attached said distinctly in the paper that she did not approve of hospitals being so used. Of course, to meet the vacancies occurring in a large hospital you must have more nurses than were actually required, and the surplus would go into the world with the commendation of their training; but the moment a hospital left their beaten track and became a training school on a large scale, that moment its efficiency would be diminished. If people were interested in the training of nurses to a greater extent, let them establish hospitals with that object. In our workhouse infirmaries we had the means of working out the problem. There were in the Metropolis 10,000 beds or more devoted to the sick poor without medical students, and entirely free to be devoted to the training of nurses; and in that sphere he believed the training of nurses would be unchallenged.

Dr. PERCY SMITH said it had been stated that medical men could not teach nursing. If it were meant that a man could not teach women to attend the sick with the gentleness and kindness which were part of their nature, he agreed with the statement; but he differed from it if it were meant that they could not teach the principles of nursing. It was quite certain that nurses did learn the principles of nursing from contact with the medical officers of an institution. Any nurse who went about her work animated by the idea that she had nothing to learn in nursing from the medical officers was not fit for her post. Of course any instruction of nurses in medicine and surgery should be limited to the broadest principles; anything more would necessitate preliminary training and longer probation than one year; it would be a mistake in the case of the larger proportion of probationers, and the instruction would go in at one ear and out at the other. He had no hesitation in saying that those probationers who had been best instructed in the principles of medicine and surgery had not always proved to be best suited for the care of the sick. At the same time there was no objection to a nurse learning all that she could after her year of probation, and reading any book she liked about the cases under her care.

The CHAIRMAN (Major Alexander Ross, M.P.), said the greatest stress appeared to have been laid on the utilising of poor law infirmaries for the teaching of nurses. These infirmaries were supported by the ratepayers, and perhaps those who are in good health might not care to have a penny or two pence in the pound added to supply the demand for nurses for those who were sick. As far as the hospitals were concerned, it seemed to be the general impression that

they should be training schools for nurses for their own purposes, which involved the training of a number slightly in excess of that required to meet their immediate wants—a provision which seemed to be a fair one, to which subscribers could not object; but, unless there was a special fund for the training of a larger number, a body dependent upon voluntary contributions for the healing of the sick would not be entitled to appropriate their funds for the training of the larger number. The difficulty did not arise with the case of lady probationers who paid for training and for board and lodging. At his own hospital for some time all the money received from lady probationers had been placed to a separate account, and out of that money gratuities had been given to the ordinary nurses, and in case of their own illness they had been assisted to go to convalescent homes. They were further entitled to fixed pensions at the close of so many years' service at the hospital. The real difficulty was to keep nurses a long time. He wished some lady had told them how long, as a rule, nurses stayed. His experience was that, although some might stay seven or eight years or longer, the great majority went away after three or four years' service. The fact was that a strict discipline had to be maintained in large institutions, which sometimes became irksome to the nurses, and they were glad to exchange for the greater freedom enjoyed in private nursing. Practically it was found that three or four years was about the limit of the service that could be got out of those who had passed as probationers. At one time anyone was supposed to be good enough to nurse a patient. When he first was chairman of the Middlesex Hospital, the nurses had very crowded sleeping accommodation, and in the wards or outside them each nurse had to cook her dinner, which usually consisted of a red herring with a liberal allowance of gin, not the best diet for a nurse. He was glad to say that was now all altered, and that there was a refectory in which they had their meals at stated hours; there was a recreation room for them when they were off duty; and when they were on duty at night, they had always a proper supply of tea and bread and butter. No doubt it was the same in other hospitals. The position of the nurse was morally and substantially improved, and there could not be much more advance in that line. But managers could not pay nurses as much as they wished to do. The wages of nurses in charge of wards had reached about 30*l.* a year; the other nurses about 24*l.*; and that was not enough to keep the best nurses, who in private families could get two guineas a week—more in infectious cases—with less to do and more liberty. If any of the endowed hospitals had surplus funds which could be devoted to the starting of a school for nursing, such application of them would confer a great benefit on the community; but, if a hospital were supported by voluntary contributions, he did not think the governing body would be justified in doing more than keeping a liberal supply of nurses for their own wants. If they could utilise those not employed at the hospital, it should be among the poor rather than the rich. If a

nurse who went out obtained greater luxury than in the hospital it might have the effect of making her discontented with her work in the wards, and also lead her to expatiate on the advantages of private nursing, and thus a hospital might lose more than it gained through nurses staying with it too short a time. With these qualifications he was in favour of anything being done to increase the number of nurses. No doubt there was a daily increasing demand for them. The position was one in which both ladies by birth and persons of a lower class could excel; and it was a most necessary one, because in every case of sickness a nurse was required.

CORRESPONDENCE.

The following letters, received by the Secretary from two ladies who were present at the meeting, form a valuable contribution to the discussion, and will be read with interest:—

SIR,—I was much interested in the discussion at the meeting on the 30th, respecting the training of sisters and nurses in hospital work; and I am glad of the opportunity of offering a few remarks on the subject. I think it is of importance that ordinary probationers should be bound by agreement to serve in the same hospital for three years, so as to ensure a permanent supply of competent nurses for the wards. My experience is that by the expiration of this time nurses are constantly either knocked up or tired of hospital work; I would therefore suggest that each hospital should have attached to it a private nursing institution, into which such nurses might be draughted at the end of their time of service. Such an institution might be further utilised in receiving probationers, who at the end of a year's training, whilst showing no aptitude for ward work, as sometimes occurs, may be specially fitted for private cases. This would of course be subject to the discretion of the matron. I believe the medical staff of each hospital would be glad to employ in their private practice nurses who had been trained by the sisters superintending their wards, and indeed in many cases under their own eye.

The point, however, on which I most wish to speak, concerns the training of *ladies* as nurses. I cannot concur in the opinion that it is desirable that these should be trained under the same rule as ordinary probationers, for I do not see the necessity of requiring of gentlewomen who wish to be instructed in nursing the sick, and who pay for their instruction, the performance of mere housemaid's work. I should wish it, however, to be clearly understood that I would not exempt a lady pupil from any single duty

towards the sick personally, which rightly falls within the province of nursing, for no service should be considered menial which may be rendered to a sick person, and there are many things in the work of nursing the sick more disagreeable than sweeping a room, or scrubbing a floor—but I do object to lady pupils or probationers, as the term may be, wasting their time, and energies, and strength, on work that may be more profitably done by those who have been all their lives accustomed to it.

Under this system, the lady pupils, freed from all house-work proper, have more time to devote to the actual work in hand, that of nursing the sick, consequently at the end of a year's training they have acquired a larger experience than could otherwise have been possible—a matter of importance when it is from this staff of lady pupils that the sisters of our wards are drawn.

In her paper of the 30th Miss Lückes grants the principle for which I am contending. She deprecates *forcibly* 'for all nurses and probationers the large amount of housework which too often falls to their share;' she feels that it is 'an obvious waste of power to use skilled labourers for rough work that could be done as well or indeed better by those fitted to that kind of employment;' she owns that 'duties appertaining to house-work rather than nursing, fall more heavily upon ladies than upon those accustomed to them.'

In all this I heartily agree with her, but I am forced to differ in the conclusion arrived at, and I would urge as a partial remedy for the evil which we deplore, that those at least should be freed from it, upon whom by universal consent it is felt to press most heavily. In expressing this opinion I ought perhaps to confess to a natural partiality for the system under which I was myself trained, and which is now carried on at Guy's Hospital.

I am, Sir,

Yours faithfully,

VICTORIA E. JONES,

Matron.

Guy's Hospital, 9th May, 1884.

Sir,—In answer to your invitation I am happy to have the opportunity of making, by letter, one or two observations upon the interesting subject under discussion at the meeting of the Hospitals Association, and which I felt quite unequal to do at a public meeting. The papers read and the discussion which followed were most interesting; but I think on the question of the desirability or not of hospitals training more nurses than are needed for their own use, one view was left out, viz., the great advantage to the general public of their doing so. It is the money, in most cases, of the general public that supports the hospitals, and it may not, therefore, be beyond the legitimate use of such money to further that interest in some degree, if it does not interfere with the usefulness of the hospitals.

At present when a nurse is wanted in a private family, if application is not made to one of the hospitals who train more nurses than they require (if the application were general, the supply would be quite inadequate to the demand), a nurse is obtained from one of the private Nursing Institutions. A patient may be happy enough to get a first-rate nurse, but has no guarantee that such will be the case, and if the patient is lucky enough to get a thoroughly sober, respectable woman, she may be one who has had little or no training; and no training whatever in the special case that she is sent to nurse. These institutions are started by people in a laudable endeavour to get a living. Very often they are not nurses themselves, and therefore cannot judge of the capabilities or knowledge of those whom they send out, and even if they do possess that knowledge, the nurses are sent away to their cases, and are not under their supervision. They can but depend upon the character which is sent back with each nurse from the house where she has been engaged, and we know how reluctant people are generally to complain, or damage a person whom, perhaps, at the same time, they hope that they shall never see again. On the other hand, if complaints were made freely, it might often be unfair to the nurse, for which of us, who has had much to do with patients, does not know what unreasoning likes and dislikes they often take? The friends in their anxiety are often unreasonable also. I have had, perhaps, more experience than most people of the unsatisfactory nurses sent out by the Nursing Institutions, because the little hospital that I superintend has only a limited staff of nurses, and in any special strain I am compelled to get extraneous help. Formerly I used to get such help from one or other of these institutions, but now, in consequence of the useless untrained women sent to me, I never do so, but I keep a list of nurses who are nursing on their own account, and from these I get what help I need. A private family, however, has no such list, and therefore must go to a Nursing Institution. To exemplify the kind of women these nurses *may* be (I do not say they all are by any means, for there are many good ones amongst them), I will mention two instances that have come under my own knowledge. One nurse, a most respectable and kind woman, I was, after a short trial, obliged to part with, as she had not sufficient knowledge for the convalescent cases which she had charge of. She went to one of the Nursing Institutions, was sent by them (some years since) to one of the large hospitals for a month, and then was sent out to nurse private cases without supervision. What could she know in that time to justify a serious case being left in her hands between the doctor's visits? Another instance is that of a young woman I had as a probationer, who was so utterly unsatisfactory in every way that I parted with her. She also went to a Nursing Institution, and was sent for three months to a hospital for training; but if she had had three years' instead of three months' training, she would never have made a good nurse.

In getting a nurse from a hospital that trains more than it needs

the public have this guarantee, that the nurse sent to them has been selected for that particular case by the matron (herself trained), under whose eye the nurse has been trained. She knows what that nurse's training has been, and what she is capable of. She is living in a Home more or less under her supervision, and knows her character as a woman, as well as her capabilities as a nurse. All this gives the public a much better guarantee that they will generally get a good nurse, and one suitable for the case, though not of necessity a better one than they *may* get from a Nursing Institution; for, as I have said above, there are many very good nurses and good women amongst those employed by these Institutions, but of necessity from their constitution, patients have no certainty as to the kind of nurse they will get. I fancy most doctors keep a register of private nurses who have given them satisfaction in cases, and if one of these is recommended by their doctor a patient may rest satisfied. The number of these is limited, and it frequently happens that a good nurse, when particularly wanted, is out. To save the going about from one address to another (when perhaps the emergencies of illness have already made large inroads on a servant's time), recourse is had to the nearest Nursing Institution, with sometimes good results and sometimes bad. Now, if it were known that at any hospital nurses were in readiness to be sent out, and they were in sufficient numbers to give a hope of getting one, it would be quite as easy to apply at the Hospital Nursing Home, and much more secure. Those hospitals that now train nurses for the public are doing a good work, but if the advantage of having such nurses became generally known and appreciated, the demand would be even more in excess of the supply than it is now. It seems to me, therefore, a matter worthy of consideration whether such training could not be more generally given without detriment to what I cannot help considering to be the primary object of hospitals, viz., the care and comfort of the sick poor. Such a training school ought to bring fresh support to a hospital; for each patient well and tenderly nursed, by a nurse so trained, would surely take special interest in that hospital, and be in many instances a source of fresh subscriptions, so that the training school might really stand on the credit instead of the deficit side of the accounts.

I am, Sir, yours obediently,

FLORENCE MEYRICK,

(Lady Superintendent of Hospital for Gentlewomen).

90, Harley Street.

THIRD GENERAL MEETING, MAY 21st, 1884.

THE HOSPITAL SUNDAY AND SATURDAY FUNDS.

By HENRY C. BURDETT.

The Origin of Hospital Sunday.

IT may be well at the outset of this paper to give a few facts showing the origin of the Hospital Sunday and Hospital Saturday Funds. Taking them in order, the Hospital Sunday Fund was undoubtedly made a practical fact mainly through the energy and great capacity for organisation possessed by a clergyman—the late Canon Miller, D.D. This statement has been contradicted over and over again, but its substantial accuracy is beyond question. In the first place, the treasurer of the Aberdeen Royal Infirmary claims that Aberdeen was before Birmingham in this good work, ‘because the books of the Infirmary show that since 1784 the first Sunday in every year has been faithfully observed in that city, as a day bringing with it the duty and privilege of the congregations of all denominations publicly and simultaneously contributing to the funds of this charity.’ Unfortunately for this argument, Hospital Sunday has invariably been a collection to benefit, not one, but every, medical charity in each town wherein it has been established. This universal scheme of collection is a very different one from the Aberdeen sermons which have been preached for the County Hospital there since the year 1784, as similar sermons have been preached throughout the country for the county hospitals from a period long anterior to this date. The ordinary character of the Aberdeen collections is proved, moreover, by the statement that there are at least four other hospitals and dispensaries in Aberdeen, one of which was established in 1823, which do not benefit by the collections there. To this day, therefore, there has been no Hospital Sunday in Aberdeen as we southerners understand the meaning of that title. The ordinary hospital sermon

for the county infirmary is indeed continued, to the exclusion of the more ennobling, because the more universal, collection known as Hospital Sunday. If Aberdeen can claim to have held the first Hospital Sunday in 1784, then many of the English county hospitals can declare with equal force that Hospital Sunday was founded in connection with their institution at least fifty years earlier.

Next, Manchester has put in a claim through an anonymous correspondent, who, in September 1880, wrote to the London papers to declare 'it is not correct to state that the late Canon Miller was the founder of Hospital Sunday. What he did twenty-five years ago, when he was rector of Birmingham, was to start in that town what were then and are still called, periodical collections for local charities. The Hospital Sunday was first established in Manchester in 1870, and was the work of a well-known gentleman, the Rev. John Henn, the rector of St. John's Church. The movement proving very successful was at once copied by the Liverpool people, and afterwards by other towns throughout the country, the plan of our Hospital Sunday scheme, with slight variations, being in all cases adopted. In due course London followed suit at the suggestion of some gentlemen, who thought that what had proved so successful in Manchester and Liverpool, and elsewhere, might succeed there too.' Now, the best reply which can be given to the Manchester claim is a letter dated 19th July, 1875, which the Rev. John Henn addressed to the writer of this paper. The material part of it is as follows:— 'If you are thinking of starting a Hospital Sunday you cannot do better than consult Canon Miller, who began what he called "periodical collections for local charities" in Birmingham, in 1858. It was on the model of this I started our Hospital Sunday Fund here, and all the rest of the Hospital Sundays are copies of ours.' That is pretty conclusive, but I would add to it the fact that when Hospital Sunday—a name always popularly used in Birmingham to describe these collections—was first mooted in London, the then Mayor of Birmingham, Mr. Alderman Biggs, brought me a letter from Sir Sydney Waterlow, asking him to obtain full particulars of the Hospital Sunday organisation in Birmingham, and that thereupon I collected the facts asked for, and Mr. Biggs forwarded them in due course to the Mansion House. Dr. Wakley, the editor of the 'Lancet,' by repeatedly urging upon the Lord

Mayor and the London clergy the duty of organising a Metropolitan Hospital Sunday Fund, originated the movement in London, and to him more than to anyone else is due the credit of having introduced Hospital Sunday to this Metropolis. In recent years the 'Lancet' has rendered yeoman's service to the cause by devoting much space to reports of the sermons preached and the collections made on Hospital Sunday. These facts were recognised by *The Times* some two years ago, and Dr. Wakley was correctly described in its columns as the founder of Hospital Sunday in the Metropolis. The origin of Hospital Sunday is therefore narrowed to Birmingham.

Now, a claim has been made by the 'Midland Counties Herald' in favour of one of the greatest of modern philanthropists, Mr. Thomas Barber Wright, a former co-proprietor of that paper, who in February 1859, in a conversation with the Rev. C. B. Snepp, suggested that a congregational collection for the charities should be made in all places of worship in the town and district annually. Mr. Wright afterwards published an article in the 'Herald' of October 13, 1859, in which this suggestion was again made. On the same day—October 13, 1859—Canon Miller wrote a letter to the 'Birmingham Journal,' which he afterwards acknowledged he was moved to write by reading the article in the 'Herald,' suggesting that 'every effort should be made to fix a given Sunday before Christmas, on which day, in every place of public worship in the town, and suburbs, too, collections should be made at every service for the Hospitals.' Now, Canon Miller at that time only thought of one collection in all the places of worship, on the same day, for one hospital, the Birmingham General Hospital. He estimated that 'the product of the plates alone would amount to 1,000*l.*,' but as a matter of fact they really realised 4,700*l.*, a result so gratifying that it caused the Committee which organised the collection to recommend to a meeting of clergymen and ministers, held on December 14, 1859, 'to appoint a committee to consider whether any, and what, plan could be devised for securing to the hospitals a more regular support by means of congregational collections, and to report as soon as possible.' Mr. Wright, in an article which he wrote in the 'Herald,' December 22, 1859, suggested that there should be simultaneous collections in the churches and chapels, the amount collected going one year to the General Hospital, as the

largest and most important charity ; the following year to the Queen's Hospital, as the next important ; and the third year to the other local charities of a kindred nature, and so on in alternation. The Special Committee brought up a report recommending the adoption of these suggestions, and Hospital Sunday has been held in Birmingham on this plan, in the month of October of every year, since that time. The Rev. Canon Miller was one of the honorary secretaries to the Hospital Sunday Fund from its commencement to the time of his leaving Birmingham for Greenwich, and to his whole-hearted devotion its success was largely due.

It is gratifying to add that the connection of the late Mr. Wright and of Canon Miller with Hospital Sunday has been appropriately commemorated by the erection of the Wright Cottage Hospital at Perry Barr, near Birmingham ; and by the establishment of the Miller Memorial Hospital at Greenwich, which has been built upon a new plan of construction, and which constitutes the first circular hospital which has yet been erected in any part of the world.

It will thus be seen that the suggestion of an annual collection in all places of worship originated with Mr. Wright, but the foundation of Hospital Sunday was in reality due to the Rev. Canon Miller, who devoted much time and great ability to the elaboration and successful working of the movement, which is now known as Hospital Sunday, and which has become very popular not only in this country, but throughout the British Colonies, in various foreign countries, and in the United States of America as well.

The Origin of Hospital Saturday.

It is not so easy to trace the origin of Hospital Saturday, which is largely an outcome of the Hospital Sunday movement. An endeavour has been made to procure particulars of every Hospital Saturday collection, with the result that it appears to be established that the first Hospital Saturday collection was held in Liverpool under the auspices of the Hospital Sunday Committee of that town in January, 1871. In this year there was no Hospital Sunday Fund collection in Manchester,

doubtless owing to the fact that two collections of this character were made in 1870, one being in January and the other in December. For my own part I believe that to Glasgow, and possibly to the Potteries, belongs the credit of having made Hospital Saturday practically possible, by establishing successful collections in the workshops, and by continuing them progressively, for twenty years at least prior to 1870. These towns thus proved that the working classes, if approached in a proper spirit, will contribute thousands of pounds in support of the hospitals. These efforts at self-help and independence, and the public attention which they attracted, caused a working-class movement to be inaugurated at Birmingham in 1869 by Mr. Sampson Gamgee, F.R.S. Edin., with the object of providing funds to complete an additional wing, including an extensive out-patients' department, to the Queen's Hospital in that town. This movement resulted in the collection of 4,000*l.* by the Working Men's Extension Fund Committee. When this Committee was dissolved, an Artisans' Medical Charities Fund was founded (with the object of aiding the hospital, which ceased to exist in 1872. Soon afterwards, through the energy of Mr. Gamgee, a public meeting was held to promote a Saturday collection throughout the industrial establishments of Birmingham for the free benefit of its medical charities. This has resulted in the collection from the workshops and industrial establishments down to the end of 1883 of 42,515*l.*, which amount has been raised to nearly 45,000*l.* by contributions from licensed victuallers and others, the whole of which amount has been collected at an average cost of less than 8 per cent. It will be seen, therefore, that if Liverpool originated Hospital Saturday to enable the Hospital Sunday Fund Committee to sweep into their net contributions from the working classes which would not otherwise have been obtained for the support of the hospitals, Manchester and Birmingham were speedily pursuing the same course, and that in the case of the latter town the contributions of the working classes had been attracted to the hospitals so early as 1869. So much for the historical side of this question.

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What the Two Funds have accomplished.

I have next to consider what Hospital Saturday and Hospital Sunday have done for the medical charities of this country. First of all these movements have undoubtedly attracted a greatly increased amount of public attention to the hospitals, and have by this means caused indirectly a considerable addition to the funds placed at the disposal of the managers of these charities, outside and beyond the actual collections made by these organisations. It has been contended that the Hospital Sunday Fund has resulted in lessening the amount of annual subscriptions given to the hospitals, not in one place, but throughout the country. I have made very careful inquiries upon this point, with the result that I am in a position to state that the amount of annual subscriptions given to the best managed Metropolitan hospitals in 1883 compared with ten years ago—although this decade is the very period during which the Hospital Saturday and Hospital Sunday Funds have been most actively worked—shows a considerable increase. I remember it was stated to me several years ago, during a visit I paid to Liverpool, that the result of the establishment of Hospital Sunday in that town had been to cause people to withdraw their subscriptions from the hospitals, on the plea that they gave all they could spare on Hospital Sunday. I examined the reports of the hospitals at that time and found that this idea was wholly fallacious and that exactly the opposite results had occurred.

Again, in order to show that relatively few individuals contribute to charities of any class, in any community, some years ago the list of subscribers to all the charities, amounting in the whole to twenty-five, in a large town with upwards of 350,000 inhabitants, were carefully examined, with the result that, including every anonymous and every other contribution, however small, which had been received by these charities, it was found that the whole of them were supported by 6,000 of the inhabitants, and that the remaining 344,000 people had not contributed, in any form that could be traced, one single penny to any local charity whatever. Now, further examination and experience has convinced me that this represents an almost universal condition of affairs, and that the charities

of this country are, as a matter of fact, supported mainly by comparatively few members of the community, whose names are to be found over and over and over again as donors to all kinds of charities.

The Hospital Sunday and Saturday Funds tend to alter this condition of affairs, because the experience everywhere is that Hospital Sunday especially has taken a very deep hold upon the consciences of the people wherever it has been established, with the result that all kinds and conditions of men and women flock to places of worship on this one day in the year, in order that they may contribute their mite to the relief of the suffering poor, whose claims are on that day specially brought under their notice. This is a remarkable fact, but it cannot be contradicted, and it is another proof that one touch of nature makes the whole world kin. Finally, it may be of wide interest to state that, so far as I have been able to ascertain, it appears probable that a sum of nearly 1,500,000*l.* sterling has been given to the hospitals of this country as the result of the collections made on Hospital Sunday and Hospital Saturday during the last twenty-five years. The annual contribution from this agency to our hospitals and medical charities now approaches 250,000*l.* per annum, and this amount is steadily on the increase. No one will dispute that the services which the Hospital Sunday Fund especially, and which the Hospital Saturday Fund to a less extent, but with equal advantage, have rendered to the hospitals in the United Kingdom, cannot be too highly eulogised or too thankfully acknowledged.

So much for the origin of, and for what has been accomplished by, the Hospital Sunday and Hospital Saturday organisations to the present time.

How the Funds can be made more Useful to the Hospitals.

It now remains to consider how far the Hospital Sunday and Hospital Saturday Funds can be made more useful to the hospitals. It will be desirable to state the points which arise, and to consider them briefly in detail as we proceed. The following, then, are some of the ways in which these organisations can be made more useful to the hospitals:—

I. *It is desirable that the Hospital Sunday and Hospital*

Saturday movements in each town shall be under the control and management of the same committee or organisation.—This is a cardinal point, and needs little to be said in support of it. It is evident that two organisations mean two secretaries, two sets of offices, two printing and advertising bills—in fact, the duplication of every item of expenditure from first to last. In other words, the sums subscribed by the people are needlessly wasted by the duplication of the methods of collection, which makes the cost materially greater than it would otherwise be. For example: Liverpool raises 9,800*l.*, the contributions to the Hospital Sunday Fund being about 7,000*l.* and those to the Hospital Saturday Fund about 3,000*l.*, at a cost of less than 340*l.*—being about $3\frac{1}{2}$ per cent. on the sum raised. The Hospital Saturday Fund in London last year raised 9,250*l.*, at a cost of 1,249*l.*, being rather more than $13\frac{1}{2}$ per cent. on the total sum collected, and the expenses would probably be increased in the latter case to 15 per cent. if the whole sum expended were to be included.

We here get the cost of collection increased by an amount equal to three hundred per cent. by the adoption of the separate system. I would, therefore, urge once again, in the interests of both funds as well as in that of the hospitals, that the Hospital Saturday and Hospital Sunday organisations in London should be united. The fact that, owing to circumstances which I need not now mention, such a proposal was rejected by the earlier promoters of Hospital Saturday in London, when a resolution in favour of the consideration of this scheme was adopted at a meeting held at the Mansion House in 1874, is no argument against this suggestion. Union secures that the enthusiasm engendered by one movement shall influence and help the other. By fixing the Hospital Saturday and Hospital Sunday collections on consecutive days, there can be no doubt that an honest rivalry is often created which results in increased collections, increased enthusiasm, and increased efficiency, whilst causing a great reduction in the expenditure. Union renders it possible for many much-needed reforms to be urged upon the hospitals with redoubled force and consequent success, because it gives a weight to all recommendations emanating from the combined organisations which separately they would not possess. Union means the selection of the best and most representative men in each town for seats upon the Council of the

combined movement, by increasing the honour of the selection, and making the post one which is likely to be sought by the most active and representative members of the community amongst the different classes which must necessarily find representation on such a Council. This representation of every interest and every class of supporter, from the highest to the lowest, would render the adoption by the hospital authorities of the proposals which are made by such a Council almost a matter of course. The Hospital Sunday Fund Council, from its necessarily representing very many classes of hospital supporters, will usually secure the adoption of its recommendations without difficulty. The representatives of the Hospital Saturday collection would not, however, be likely to accomplish the same result, because they would not be entitled to the same attention or carry anything like the same weight with the Hospital Committees. In this connection must also be considered the confusion and trouble arising from two separate organisations in each town, two separate returns made on different forms and in a different way by every hospital each year, and the selection of two separate and distinct kinds of requirements, because what the Committee of the Hospital Sunday Fund may think desirable or unnecessary the Council of the Hospital Saturday Fund may think undesirable, or necessary, and *vice versâ*. Thus the Hospital Committees, especially where the grants made by the smaller organisation, which is necessarily the Hospital Saturday Fund, are comparatively insignificant, will stand out against proposals made by such a body as ill-advised, or ill-considered, or unimportant, or at any rate as of such a character that they may without injury to their finances decline to accept them.

Again, union means increased care in distribution, in expenditure, and in the making of requests to the hospital authorities, which latter are not always advisable, whilst it tends to prevent any attempt to use the Hospital Saturday and Sunday organisations as a means of securing patronage for the individual, which must always be highly objectionable. Finally, union results in the working classes securing direct representation in the governing bodies of the hospitals through the workshops which contribute, rather than through the central organisation which controls, the collections. For all these, and several other reasons, it cannot be doubted that, as a rule, it is highly

desirable that the Hospital Sunday and Hospital Saturday Funds should be controlled and managed by one committee or council, and that they should not constitute separate undertakings in each town.

Results to be Accomplished.

II. Assuming, then, that the Hospital Sunday and Hospital Saturday Funds are united, or, at any rate, that the Hospital Sunday Fund will be by far the more representative and important body, and that it will therefore be able to get a more favourable consideration for its proposals at the hands of the Hospital Committees, I beg to recommend, as the result of many years' experience, that each Council should aim at accomplishing the following results.

First.—To make every grant to each charity conditional upon the books of that charity being kept upon a method which has been laid down by the Hospital Sunday and Saturday organisations, with the object of securing uniformity of account-keeping in all institutions which receive money from these organisations. The object of this proposal must be manifest. At the present time it is well-nigh impossible to make any convincing comparison between one hospital and another, or between one dispensary and another, for the reason that there is no uniformity in the book-keeping. No one can be certain that the comparison has been made accurate by the inclusion of the same items under each separate head, and that they include in every instance the same figures only. At present in some hospitals it is impossible to disconnect the cost of provisions from the dispensary and drug expenses, or to ascertain what is the cost of management as opposed to that of maintenance, and *vice versa*; and in very few hospitals indeed is it at present possible to form even an idea of the relative cost of each in-patient and of each out-patient, because the expenses of the in-patient and out-patient departments are so merged as to make the one indistinguishable from the other. Bad book-keeping means very often muddle in the management, and such a condition of affairs necessarily causes extravagant expenditure. It is, therefore, unanimously admitted that at the present time an uniform system of keeping accounts is

essential to the economical maintenance of these institutions.

Secondly.—To give no grant to any institution, in any year, unless and until a representative, or representatives, of the Council have inspected the buildings and premises, and reported upon the management. I am induced to urge this very strongly indeed upon the Councils of the Funds, in London especially. London is a vast city: it differs from every other town in the fact that it is metropolitan and not local, that its extended area renders it well-nigh, if not quite, impossible for any person, however determined, to ascertain the facts about any group of institutions or charities situated within its area, without making a personal inspection, and conducting a private inquiry on the spot. To these considerations must be added the fact that more than one or two or three hospitals have received grants from the Hospital Sunday and Saturday Funds although the representatives of this Council have paid no visit of inspection, and have no idea of the character of the management which has prevailed throughout the whole period. Rather more than a year ago I described the condition of affairs to be found in some of the smaller London hospitals, which nevertheless had received for several years grants from the Hospital Sunday and Saturday Funds. I am glad to say that the attention which was directed to the matter by this article has led to a redress of the grievances in those particular institutions. Unfortunately, however, this fact gives no security against similar abuses prevailing at other hospitals or charities, which are even now participating in the funds collected on Hospital Sunday and Saturday. For instance, since I wrote that article it has come to my knowledge that the Hospital Sunday and Saturday Funds have, from the very first year of their establishment in London, made annual grants to a hospital, the management of which has been allowed to go by default during the whole of that period. I cannot now detain you with details, but this much I may say, that for ten years at least there was no annual meeting, and consequently no properly constituted committee of management; that at two-thirds of the committee meetings during the whole of that period a quorum was not present; and that for an equal period of time no account was rendered of a Building Fund, for which it is acknowledged that a sum of upwards of 20,000*l.* has been

received. No accounts relating to this fund had ever been published in the report presented to the Committee of Management. I may add the only good feature in connection with this hospital—and it is an important one—the patients have been invariably kindly treated and well cared for. Now, what I should like to ascertain is—if any, and if so, how many, more institutions there are to-day in London which are receiving grants from the Hospital Sunday and Saturday Funds, that would certainly not do so if the Councils were acquainted with the defects which exist in their management? The evidence brought under my own notice from time to time compels me to state earnestly and publicly that the Councils of the Hospital Sunday and Saturday Funds are not justified, in my opinion, in giving a grant to any charity unless and until its representatives have inspected the buildings and premises, and have ascertained on the spot how the affairs of each institution are conducted.

Thirdly.—The aim of the Council of each Hospital Sunday and Saturday organisation should be to present as large a free gift as possible to the hospitals. In no case should the tickets or recommendations received from hospitals by these funds exceed half the number which may be claimed by annual subscribers, whose contributions in the aggregate would represent a sum equal to the award made out of the Hospital Saturday or Sunday Fund to the respective hospital or dispensary. I regard the views held by any gentleman upon this fourth proposition as proving his fitness or otherwise for a seat on the council of one of these organisations. Any person who contends, as it has been contended with much warmth, that it is the privilege and the undoubted right of any organisation, although its primary object avowedly is to assist the medical charities by the collection of additional income, to demand in return for the money given to each hospital by the central collecting agency the same number of letters in exchange for such a grant as the ordinary subscriber is entitled to for a like contribution—to demand this proves beyond dispute that he is no friend of the hospitals, but, on the contrary, that he is ignorant of the true principles of charity, and anxious to use the Council as a means of securing patronage by the dispensation of money which has been entrusted to it for distribution as a free gift, or, at any rate, as an expression of gratitude, and which it is a breach of trust to use as a

lever for the extraction of exorbitant privileges, and of an exact *quid pro quo* for every penny distributed to the participating charities. Such demands on behalf of a central council, which has acted merely as the collecting agency of other people's alms, converts what the donors intend to be true charity into an act of barter. For my own part, I have always maintained that it is better for a hospital to refuse altogether rather than to accept a grant of money, when it is hampered with conditions which are unreasonable—and even commercially unprofitable—in addition to being contrary to the true spirit of charity. Holding these views, it is satisfactory to find that the only organisation of the class we are considering, which demands a *quid pro quo* of full monetary value in exchange for the Council's award, is the Metropolitan Hospital Saturday Fund—a fund which has been less successful and more than twice as costly as any other similar organisation which has yet been established in this country. The working men of Birmingham have always insisted that all funds raised under the direction of the Hospital Saturday Committee shall be distributed as free money amongst the various medical charities of the town. The result has been that the workshops have contributed in eleven years 42,516*l.*, which has been raised at an expenditure of less than 8 per cent., whereas the Metropolitan Saturday Council, with its restrictive regulations and its forgetfulness of charity, has distributed conditionally on a strictly *quid pro quo* basis during the last ten years only 69,000*l.* altogether, although—and probably because—this sum includes donations from others than working men, and a sum of 14,000*l.* raised by boxes in the streets. Further, it must not be forgotten that the average cost of collection has been 19 per cent., or, as I make it by including all expenses, upwards of 21 per cent., a cost which is two and a half times as great as it is at Birmingham, and very considerably greater still when compared with the expenses incurred by the Hospital Saturday Councils in other towns. Am I not justified in concluding that these figures tend to prove that these movements to be successful should be based upon sound principles at the outset, and that any departure from those sound principles will result in the alienation of the support of the very class whom it is desired to reach? The inspiring influence of the free gifts has led the working men of Birmingham to

support Hospital Saturday *con amore*, and the absence of this sound principle has caused the working men of London, as a body, to hold aloof from, and to take no active part in, the Metropolitan Hospital Saturday collections.

Fourthly. — *The Hospital Sunday Fund organisation should accept the responsibility to distribute in right proportion the legacies of those members of the community who have no knowledge of hospitals, but who desire to benefit the best managed of these institutions by will.* This proposition is made from the knowledge that the majority of people understand very little about hospitals and their management, and that they are often placed in a difficulty when they wish to give something by will towards the support of these institutions. A considerable number of bequests have been left at the discretion of executors. This method frequently results, not in a wiser distribution, but in merely shifting the difficulty of distribution from one pair of shoulders to another. I know, as a matter of fact, that a sum of nearly 200,000*l.* was once distributed amongst hospitals by executors so situated, who knowing nothing of the respective merits of individual charities, decided that they would make the maximum grant to any charity 2,000*l.*, the minimum 250*l.*, and two intermediate grants of 500*l.* and 1,000*l.* respectively. Having arranged this as a basis for distribution, they took one of the charity guides and read out the account given therein of each of the hospitals in alphabetical order, deciding by open voting which of the four sums each should receive. Having a balance left when the guide-book was exhausted, they voted the balance to the largest hospital of all. This was a rather haphazard way of proceeding, but an examination of the results arrived at showed that on the whole the distribution had been made fairly well, although it would no doubt have been juster and better to have given much larger sums to some hospitals and no money whatever to others. This circumstance shows that it would be a great boon to very many wealthy and philanthropic people, and sometimes to their executors, if the Councils of the Hospital Sunday Funds would undertake, out of what ought to be their fulness of knowledge, to distribute justly any legacies which might be entrusted to them at discretion.

Fifthly. — *A scheme should be prepared and developed by*

each Hospital Sunday Fund Council, by which it is possible for the hospitals to secure for the patients who are treated within their walls every kind of surgical appliances without delay or difficulty to the patients. I have always been in favour of the plan which the Council of the Metropolitan Hospital Sunday Fund has formulated, by which letters of recommendation for patients requiring surgical appliances are brought within the reach of every poor person who requires them without delay. Very many hospital surgeons are often placed in a great difficulty, when, after the removal of a limb, the patient has made a good recovery and ought to be discharged from the hospital. This difficulty arises from the desire to provide an artificial or some essential surgical appliance to complete the cure, and which is needed to replace that which has been removed by the surgeon's knife.

To send a poor man out of the hospital without such an appliance is often to place him and his family in great distress, and to cause permanent injury to the health of the bread-winner. It is impossible for the convalescent to resume his occupation unless or until he can secure an artificial limb or other appliance, without which he cannot hope to procure work. Long residence in a hospital, and the slow recovery made from a serious injury, or operation, are not exactly calculated to produce a vigorous physique, and the stage of convalescence—that period when disease has ceased and health has to be restored—is the very one of all others when rest and nourishing diet are essential to complete recovery. To compel a convalescent to go back to his family, who have probably been already reduced to the verge of starvation by the loss of his wages, and to tell him that he must at once set to work to canvass a number of subscribers situated in different parts of a great city, in order to secure ten or twenty notes to enable him to induce the committee of a so-called charity to supply him with a surgical appliance, which will alone render it possible for him to resume work, is, in my opinion, an act so inhuman that I do not care to characterise it as it deserves.

The ticket system has produced many abuses in connection with hospitals, but they are all trivial compared with the abuses engendered by a system which insists upon the distribution of surgical appliances only in exchange for numerous letters collected at the risk of the poor

man's health. The Hospital Sunday Fund Council, as the representative of the ministers of all denominations, has wisely recognised the inhumanity of this system by setting aside a sum not exceeding five per cent. of the gross receipts for the purchase of surgical appliances, in order to place them within the reach of the suffering and deserving poor, without difficulty, delay, or danger to health.

I hope that the excellent plan of the Metropolitan Hospital Sunday Council will be followed by every similar organisation throughout the world.

Sixthly.—*The Hospital Sunday and Hospital Saturday organisations should set an example to the managers of all charities by reducing the cost of collection to the lowest possible minimum.* This fact has been recognised very generally, and economy of expenditure, due mainly to the voluntary and self-denying efforts of the citizens who have conducted these collections, affords a gratifying proof of the excellent spirit which has animated all who have been responsible for the management of the Hospital Sunday and Saturday Funds.

This is demonstrated and proved by the knowledge that a sum of nearly 100,000*l.* was raised by the various Councils of the Hospital Sunday Fund throughout English towns during last year, at an average cost of 2½ per cent. The Metropolitan Hospital Sunday Fund collection, which necessarily requires an expenditure of a considerable sum for advertising and printing, has resulted in the collection of about 319,000*l.*, at an average cost of 3·42 per cent., a fact which proves the excellence of the management from first to last.

The sum of nearly 50,000*l.* has been collected by the various Hospital Saturday organisations situated in English towns during the year 1883, at an average cost of rather more than 5½ per cent.

The Metropolitan Hospital Saturday Fund has raised, as before stated, the sum of nearly 70,000*l.* in 10 years at an average cost of 19·2 per cent., as shown by the report of the Council, and at an even greater cost if all the expenses are included. The serious public importance of this statement must be apparent to all, as it tends to show, beyond question, that there is something wrong at the present time in the way in which the Metropolitan Hospital Saturday organisation is conducted. An examina-

tion of the accounts for the last three years of the Metropolitan Hospital Saturday collections, and of the Hospital Saturday collections in Birmingham, in Liverpool, and in Manchester, shows the following results :—

Table showing the amounts collected and the actual cost of collection, together with the per-centage of Expenditure to Receipts of the four chief Hospital Saturday and Sunday collections during the years 1881, 1882, and 1883.

Items	Birmingham Hospital Saturday only			Manchester Hospital Sunday and Saturday united			Liverpool Hospital Sunday and Saturday Funds united			London Hospital Saturday Fund only		
Population, 1881	414,846			339,252			566,753			3,955,814		
	Collection			Collection			Collection			Collection		
	Total	Cost	Per cent. of Expen- diture to Receipts	Total	Cost	Per cent. of Expen- diture to Receipts	Total	Cost	Per cent. of Expen- diture to Receipts	Total	Cost	Per cent. of Expen- diture to Receipts
Amount collected in 1881 . . .	£ 3,969	£ 299	7.53	£ 7,182	£ 407	5.68	£ 9,860	£ 391	3.96	£ 8,174	£ 1,075	13.15
1882 . . .	4,889	813	6.38	7,497	492	6.53	10,006	308	3.07	8,861	1,234	13.93
1883 . . .	5,439	277	5.13	7,494	466	6.02	9,583	303	3.14	9,783	1,106	11.90
Total for 3 years	14,297	889	19.04	22,173	1,365	18.21	29,449	1,002	10.17	26,818	3,414	38.98
Average for 3 yrs.	4,766	296	6.35	7,391	455	6.07	9,816	334	3.39	8,939	1,138	12.99

Serious as the facts here brought to light undoubtedly are, they will be emphasised by the statement that under another system, and without any but the most trivial expenditure, the working men in the Potteries annually subscribe many thousands of pounds to the North Staffordshire Infirmary. Yet, so far from demanding an exact *quid pro quo* for their contributions, it has been their proud privilege to be able to show that when the actual expenditure incurred by the treatment in that hospital of every man, woman and child, who can in any sense be held to belong to these thrifty potters, has been made into one grand total, the workmen's contributions have annually exceeded that expenditure by some hundreds of pounds. Thus the potters not only pay by their contributions for all the expenses entailed by the treatment at the hospital of members of their class, but they present

in addition a considerable sum, as a free gift, to help to pay for the medical relief of the sick and friendless, who are absolutely dependent on charity. Are we therefore to conclude that the working classes in London are different from their *confrères* elsewhere, and that whereas true charity is the keynote which prompts the gifts of the artisan at Birmingham, Liverpool, Manchester, in the Potteries, and throughout the country, in this Metropolis self-interest will alone move him to put his hand in his pocket? Perish such a thought! I for one will not for a moment believe it!

Why Hospital Saturday has failed in London.

But I do believe that the fact that the expenses of the Metropolitan Hospital Saturday Fund are so enormously high compared with those of other places, and that the Council demand an exact *quid pro quo* for every fraction they grant to the hospitals, are the causes which have conduced to make the contributions of the working classes to this fund compared with their number and prosperity, and with the gifts of their fellows elsewhere, so insignificant and so inadequate. There is no stricter economist than the working man, especially where charitable funds have to be dispensed, as I know from gratifying experience. This knowledge leads me to the conclusion that Mr. Lucraft was right when he declared in 1874 that very many members of the Hospital Saturday Council were not working men at all, and that this body did not represent, as the result has proved that it does not win the confidence of, the large majority of the working men who reside in London. Had this sixth proposition—economy—been made a main plank in the platform of the Metropolitan Hospital Saturday Fund at the outset, it would not to-day occupy the unique position of being the only organisation of the kind where the expenditure has been so considerable as to be out of all proportion to the funds collected, and where the Council have failed to win the confidence and support of the majority of the working classes. It is not likely that anyone will entrust any portion of the money he desires to distribute in charity to a central agency which he knows will spend four, or even three, or even two shillings, of every pound subscribed, on the machinery of collection and distribu-

tion. Any Hospital Saturday Fund which spends more than 5 per cent., and any Hospital Sunday Fund which spends more than $3\frac{1}{2}$ per cent., in expenses is badly managed, and public opinion ought to compel it to reform its ways, or to force the abandonment of the fund by ceasing to contribute to it, and by requesting the hospitals to collect their donations direct from the subscribers and workshops. Unless the strictest economy is practised by these committees of distribution, they have no ground upon which to appeal to the public to make them its almoner.

Such are some of the methods by which the Hospital Sunday and Saturday Funds can be made more useful to the hospitals. I could, of course, suggest many others, but the above six propositions must suffice for the present occasion. It will be seen that these propositions can best be carried out by a council which controls the management of both the Hospital Sunday and Hospital Saturday Funds. Where union is held to be impossible these propositions, with the exception of the last, must be left to the adoption of the Hospital Sunday Fund Council only, as the more representative powerful organisation, and the Hospital Saturday Fund managers should be content to emulate the noble spirit shown by the working men of Birmingham, who present a free gift to the hospitals annually, and who deem it unworthy and impossible to dispense their alms as if they were doing a bargain in the market-place, by demanding a *quid pro quo* for every penny of their money before they allow it to be placed in the hospital treasury. Surely it can be said to the Hospital Saturday and Hospital Sunday Fund Councils with unanswerable force, as it can be said with truth to each of us, 'Freely ye have received, freely give.' And it may, perhaps, be profitable to ever keep before us a truth which Wordsworth has thus beautifully expressed:

The charities which heal, and soothe, and bless
Are scattered at men's feet like flowers;

remembering at the same time the words of the Master, 'Inasmuch as ye have done it unto one of the least of these My brethren, ye have done it unto Me.'

DISCUSSION.

SIR T. FOWELL BUXTON, Bart., Vice-President, in the Chair.

MR. ROBERT FREWER (secretary of the Metropolitan Hospital Saturday Fund) said that it was impossible in the allotted time to reply to all that had been said respecting the Saturday Fund. The Sunday Fund had been well represented. He was glad to hear the expression of the wish that the two movements should be thoroughly understood; and if Mr. Burdett would make himself better acquainted with the Saturday Fund and the earnestness with which a large number of working men devoted themselves to the work, his strictures would be less vehement than they had been. There was abundant reason for the existence of the Saturday Fund. The complaint had been that charities had been supported by the few, and, as it was desirable that the masses should be invited to contribute, the Saturday Fund was established. Its supporters would be glad if the result of discussion should be to bring Mr. Burdett and others to their assistance, to help them to remedy any defects, so as to make the fund more worthy of the constituency it represented. It had been said that the work on the Saturday Fund was metropolitan rather than local; and here was the explanation of the expenditure complained of. It was an enormous work, the difficulties of which could be comprehended only by those who took part in it. None would dispute the advantages of union in certain circumstances; but the argument in favour of union did not seem quite consistent with a scheme advocated not long since by Mr. Burdett, which was that London should be divided into districts, and that each should have a separate organisation with separate hospitals and dispensaries to support. It was not clear how amalgamation with the Hospital Sunday Fund would give working men direct representation on the boards of various hospitals and dispensaries; if they could not get it now, he did not see how such union would give them that representation for which they had been fighting for years. The fact that the management of certain hospitals went by default was well known to the Saturday Committee. Mr. Burdett could hardly have had in his mind the information required from managers by the Saturday Committee. They put several questions to managers as to annual meetings, finance, and management; if these and other questions were answered truthfully (and he had no reason to doubt the returns made), the Saturday Committee of Distribution got all the information necessary for their guidance. If the contributions were made free gifts in Birmingham, it was because the hospitals did not require letters, but in London they did; and why should ordinary subscribers be supplied with them and working men denied them? No greater mistake had been made than to meet the working men and women of London with this denial. The Saturday Committee were prepared to expect a certain amount of criticism and welcomed it; but

they would like to know what was its object—to promote the movement or to crush it. The question would be asked by working men—Do the managers of the medical charities intend to refuse our contributions for the sake of denying us any share in the management of institutions in the prosperity of which we are more interested than any other class? The welfare of hospitals and dispensaries was bound up to a certain extent with this Saturday movement. Mr. Burdett had ignored the fact that since 1874 the Saturday Fund awards had been doubled, while the expenditure had been reduced from 30 to 10 per cent. Mr. Burdett would receive a hearty welcome at the Board; and if he could point out anything that was wrong, he would be listened to with a sincere desire to advance the best interests of the medical charities of London.

Mr. CHARLES PIZEY said he did not think the best kind of work would be got out of the proposed amalgamation. There was a line of demarcation between the two committees; they could not work together so well as they could work separately; the working men could do the special work connected with the Saturday Fund much better by themselves than in association with the committee of the Sunday Fund. He had been averse to demanding letters for their contributions, and did not think they should always do it; but still, if illness befell a working man, it was much better that he should appeal to fellow-workmen, who knew him and his circumstances, than that he should be compelled to knock at the doors of wealthy subscribers who did not know him, and to lose time and strength in going from one to another until he could succeed in his object. It was better that to this extent working men should feel their independence. It did no harm to any one; it did good to the institutions; and working men were helped in a way they could understand. It was admitted that the Saturday Fund expenses were heavy, and the committee did all they could to reduce them. At first they were obliged to have a good deal of hired help, and they were trying to do without it. They took great interest in their work, and they would welcome anyone who would show them how to improve their methods.

Mr. C. J. RADLEY said it was possible to draw an unfair comparison between the two funds as to the expenses incurred. The Sunday Fund had ready to hand the machinery of the churches and chapels, the clergy and ministers, and the collection was made practically without expense. Amalgamation would be undesirable, because with it would disappear much of the moral good in the Saturday Fund—this moral good attended the exertions of the industrial classes to benefit the medical charities. If there was to be vigour in the movement, the industrial classes must be left to themselves, and must see the results of their own efforts. Experience of mixed committees of working men and others showed that the individuality of the working men was gradually suppressed, and the result would be detrimental to the Saturday Fund. He denied that the Sunday

Fund could help the Saturday Fund in the matter of contributions and expenses. He belonged to a society that contributed freely to the Saturday Fund, giving sums of 10, 15, or 20 guineas; and what in part prompted these contributions was that some men knew other men on the committee in whom they had confidence; but if the recipients of these contributions were clergymen and gentlemen not known to the members of the society the confidence would be wanting, and in many such cases these sources would be dried up. The two funds represented different classes; they were doing good work in their own way, and were exercising a moral influence upon different classes of the community. In this, as in municipal and other matters, the provincial towns might be in advance of London; but even here comparisons might be misleading, if it were assumed that in both cases the Saturday Fund represented the total good-will offerings of the working classes, for trade societies in London gave direct to hospitals. One society with 6,000 members gave 110 guineas annually to the hospitals; an organisation at the West End had given £3,500 to two or three hospitals in a few years, and recently at a benefit society's concert in the South of London more than 20 guineas was raised for a hospital. Therefore, the Saturday Fund did not represent all the good-will offerings of the working classes of London. It was all very well to say that every contribution should be a free gift; but unfortunately, apart from the Saturday Fund, it was not the case, and letters were in many cases received as a consideration for subscriptions. If all hospitals were free, one could understand the demand for free gifts; but as long as subscribers asked for a return in the shape of letters, which patients had to obtain, there was justification for the Saturday Fund asking for letters. If there was huckstering on the part of the committee, there was huckstering on the part of individuals, and the committee only adapted themselves to a system they found in existence. But there was another side to the question, and it was that the committee, as much as private subscribers, were judicious almoners who gave the letters in deserving cases, whilst saving the recipients the anxiety and labour of seeking them. It was proverbially expensive to raise money in London, and it was better that the expense should be incurred in this case than that the money should not be raised. It was incumbent on those who charged the Saturday Fund, by inference or directly, with over-expenditure, to examine the accounts and ascertain whether the expenses were necessary or not, and to point out, if they could, where there was wastefulness or corruption. It was quite as well that the money should be contributed with a view to maintaining the independence of the working classes, who, in truth, were not in a position to be charitable until they had established their independence.

Mr. WILLIAM BOUSFIELD wished to speak from the point of view of a member of a Hospital Committee. The object of the Sunday and Saturday Funds was to increase the income of the hospitals, and there never was a time when the hospitals stood more in need of such

aid, if they were to be conducted with the increased efficiency called for by modern science. It was a fact that management had increased and was increasing in costliness. The results of the two funds were disappointing; it had been hoped that they would have been far greater. No doubt the amount of the Sunday Fund was large; but it was not adequate considering the size and wealth of London, and the number of hospitals to be maintained. The difficulty of keeping up subscriptions and donations rendered it more and more necessary to rely upon the co-operative system—i.e. many contributors of small amounts, and this was represented by the two funds. The discussion convinced them that there ought to be two funds; they appealed to two different classes; and the two were likely to produce more than one. No doubt the begging of hospital letters diminished self-respect and independent feeling, and the Saturday Fund discharged an important public duty by judiciously distributing such letters. There might be difficulties in the way of conceding what was in principle a claim to direct representation in management; but it would be to the advantage of the hospitals if they could see their way, with due regard to other things, to bring into consultation the working-man element. Perhaps no plan had been suggested which was capable of being adopted without some modification. The most serious question of all was how the hospitals were to obtain sufficient funds. They must look to the co-operative assistance of these two movements to help them to meet deficits which without such help threatened to become larger and larger.

Mr. HAMILTON-HOARE (Treasurer, Metropolitan Hospital Saturday Fund) said that the gist and purport of Mr. Burdett's paper was that the London Hospital Saturday Fund should cease to exist, but he did not know how far that would be acceptable with the working-classes of London. It was, however, impossible to deal with this paper in ten minutes, and perhaps this was not the time and place to do so. Some time ago Mr. Burdett accused the Saturday Fund of not having the sympathies of the working-classes with them. This was a vague accusation and difficult to meet. When first made, he (the speaker) thought it proper to take some steps, and therefore wrote Mr. Broadhurst and Mr. Burt—representatives of the working classes in the House of Commons—and asked them to attend the annual meeting of the Hospital Saturday Fund. Mr. Burt replied: 'I thank you for the ticket and for the invitation to the meeting of the 30th. I need hardly say how entirely I am in sympathy with the object of the meeting, and how heartily I wish you success. I shall not, however, reach London in time to be present on the occasion.' Mr. Broadhurst stated: 'I exceedingly regret my inability to be present on Wednesday night at your meeting, as I have on that day upwards of 200 trade delegates in London from all parts of the country, and shall be occupied the whole of my time in business relating to their visit. I wish you and your meeting every success, and hope that still greater good will result from the good force of the Hospital Saturday Fund, and had it been possible I would have

been present with you on the occasion.' Mr. Fawcett, one of the best representatives of economics in London, told Mr. Arnold Morley on the day of that meeting that had he not been absolutely prevented, he would have been present at it. He was in strong sympathy with its welfare, and had expressed his concurrence in the work. Setting aside the question of expense, there would be on Saturday next a meeting for the special purpose of re-considering the expenses, so that in the future they should not be so much. There had been an executive kind of task in working the movement throughout London. He said on behalf of the Hospital Saturday Fund they would be glad to see Mr. Burdett as a visitor at the next meeting of the board of delegates, if he could get appointed as a representative of any hospital or other association, and could attend in his own right and acquaint himself more completely with its work. He had, however, only dealt with one point, that the fund has the cordial support of those who are the parliamentary leaders of the working-classes, and of men like Mr. Fawcett; and he affirmed that the fund had increased very much, but not at all in proportion to the future.

Mr. S. D. FULLER said there were questions that ought to be considered by hospital committees that could not be properly discussed unless they were put forward by working men. One of these questions was the reception of out-patients only in the morning, whereas it would be a boon to thousands if they could attend in the evening. Of course, the liability of the privilege to abuse must be taken into consideration; but such subjects could be better discussed by committees if they were open to working-men who could represent the feelings of their class. Again, sick men and women were more willing to speak to one of their own rank in life than to one above it. (No, no.) Would it not be possible for a committee to allow the Hospital Saturday Board to nominate a delegate to act as visitor to a hospital? He would be empowered to go through the wards at such times as the rules allowed, and some of the patients would probably speak more freely to him than they would to anyone else. Some years ago the question was discussed at a hospital, whether the patients should be nursed by ladies, or by women of the social rank of the sick patients, and what turned the scales was that sick men and women spoke more freely to nurses of their own rank in life. It was essential that working-men should have a share in the working of hospitals, in improving their administration, and in increasing the interest of both rich and poor in the maintenance of their efficiency.

Mr. T. W. TABRAHAM said that there were 200 delegates connected with the Saturday Fund; and the year's work involved 150 meetings. The agency represented from three to four thousand workshops. If the Funds were amalgamated, how could working-men secure more adequate and direct representation than they now had? Some years ago, when a workman wanted medical relief he had to waste time in begging for a letter, in spite, perhaps, of his physical unfitness for the effort, but now the collector in the

workshop at once secured him a letter. A case occurred the other day, of a man who required every moment of his time to earn a bare living, and who wished to get his wife, who was one of the collectors for the Saturday Fund, into a cancer hospital; and through the workshop organisation the admission into the hospital was secured at once. A fair comparison of the expenses of the two Funds would perhaps tell favourably for the Saturday Fund. The following were some of the items for one year:—

	Sunday Fund.	Saturday Fund.
	£	£
Printing	269	152
Postage	103	158
Advertising	313	78
Salaries	450	336

The Sunday Fund incurred heavy postage for one day in the year; the operations of the Saturday Fund were going on all the year, including correspondence with workshops. The Sunday Fund had no rent to pay; and the Saturday Fund would be the gainer if anyone who could afford it would find it accommodation. The marvel was that the Saturday Fund expenses were not much more than they were, in comparison with those of the Sunday Fund. One had to incur great labour and expense to secure £100; while the other, by simply communicating with a clergyman, obtained hundreds as the result of one collection. There were some kinds of expenses that were not cheaply incurred, and well worth the cost, to enlist the sympathy and increase the interest of the working-classes. In sympathy the two Funds were one, but they might well differ in their modes of action.

Mr. J. A. DICKINSON, who expressed agreement with Mr. Burdett in reference to many of his views upon the matter of hospital management said, that, as the difficulty of maintaining the incomes of hospitals was becoming greater every year, it was reasonable to ask, whether the fault was entirely on the part of the public, or whether there was not something in the management of the institutions that paralysed public sympathy. He also expressed his regret, that they had found it necessary to expend so large a percentage of the Hospital Saturday money in working expenses, but the work had been one of great difficulty; and he thought that Mr. Burdett had, by the course he had taken, increased those difficulties, and that the responsibility rested with him. Many years' connection with a workman's club and trade society had shown him that there was nothing in which working-men took greater interest, and upon which they set greater value, than direct representation in reference to all matters they were expected to subscribe to, so that they might watch the ultimate disposal of their subscriptions. Even apart from their subscriptions, workmen had an interest in these institutions and their management, for they became acquainted with each other's complaints, and discussed

hospital treatment, and its effects upon themselves; and the views of working-men could not be ignored by those who wished to bring hospital administration into harmony with the needs of the times. The collectors of the Saturday Fund were familiar with the position and circumstances of their fellow-workmen, and were able to give trustworthy recommendations in deserving cases. In times past, letters had been obtained, not only from clergymen, but also from publicans; and it was not desirable to multiply obligations to the latter. In the awarding of the two Funds, it was possible that the committees might consult each other with advantage, and perhaps, adopt some common plan or principle of selection and distribution, so that the influence of both Funds might be used in the direction of improved administration.

Mr. HENRY C. BURDETT in reply, said it was a duty and a pleasure to express his sense of the courteous way in which the speakers had dealt with his somewhat drastic criticisms of the Metropolitan Hospital Saturday Fund organisation. All were agreed that it was desirable in every way to encourage contributions from the working classes, and that the artisans were entitled to the privilege of full representation. He had always been in favour of direct contributions from the workshops to hospitals. It was the duty of all hospital managers to make themselves acquainted with the feelings of the classes who formed a large portion of their patients. The equal representation of the middle and working classes on the Queen's Hospital Extension Committee, for adding a wing to a Birmingham hospital, worked so well, that the result was the establishment there of the Saturday Fund. Some of his best friends were working-men on the extension committee. On these mixed committees working-men did not lose their identity. The working-class representatives usually chosen were men of parts, ability, and courtesy with whom it was a pleasure to work. None who advocated union, wished in any sense to efface working-men; and indeed, they would not be effaced by such action. Direct contributions to hospitals would have the effect of broadening voluntary agency; they would increase the personal interest of the men in workshops, from which patients were in the habit of going to particular hospitals; and the hospital managers would be better able to go to employers and enlist their support. The difficulty that had to be contended with now, was to get into the workshops directly and effectually. The question was how to get at masters, foremen, and workmen, in the best way; and the best way appeared to be by direct contribution. Of course this would entitle the contributors to a proportionate number of tickets. King's College Hospital wanted £3,000 a year, and would be delighted to give workshop contributors the same privileges as other subscribers. Generally he was not in favour of the ticket system; he wished all hospitals to be free, but to receive contributions from those who could afford to pay. It had become largely the practice not to send tickets to subscribers who did not apply for them, be-

cause so many free patients were admitted, that the hospitals could not accommodate all who might be sent if tickets were forwarded to each subscriber. The majority of Birmingham hospitals were ticket hospitals, but the funds collected on Hospital Saturday in that town were given to the hospitals as a free gift. Each workshop had a box into which each workman put a penny a week. Out of this box, money was taken during the year to pay for the tickets required by the contributors, and the balance left was sent to the Hospital Saturday Fund as a free gift. Representatives of each workshop thus became governors, and now each hospital has at least two working men on the committee of management. He certainly wished working men to be independent, and, for that reason, he would save them from canvassing for tickets, by taking care that each workshop had its own supply. This plan in Glasgow had raised, annually, £7,000 for one hospital, and the working-men there also had as many tickets as they wanted. A North Staffordshire hospital receives some hundreds a year more from the working classes than the actual sum expended by the hospital upon working men and their families, and all the workshops subscribing have their own tickets.

Replying, in detail, to some of the speakers, Mr. BURDETT pointed out to Mr. Frewer that no one was more sensible than himself of the devotion of a large number of working-men to the cause of Hospital Saturday in London. He appreciated this devotion very heartily, and it was for this reason he had criticised the weak points in the present management and organisation, in order to secure, if possible, the maximum result to the hospitals, and to the working-classes, from those self-denying labours. The Hospital Saturday Fund Council might ask for information, but they did not always obtain it, and in the case of the North London Consumption Hospital, at any rate, the Council had given a grant from the first collection till the present time, although the whole management and conduct of that charity had been outrageously bad. This proved that the information obtained and the inquiries made were insufficient at the present time. All hospitals were, in these days, mainly free, because two-thirds of the whole number of cases treated were on an average admitted free and without tickets. This being so, the collection on Hospital Saturday in London and elsewhere should be presented to the hospitals as a free gift. The workshops were entitled to the same number of tickets, and no more, as the churches and chapels received, for the amounts they collected on Hospital Sunday. The Birmingham plan of purchasing tickets as they were required, and of giving the balance of the weekly collection in the workshops as a free gift to the hospitals on Hospital Saturday, ought to be universally adopted.

Replying to Mr. Pizey and Mr. Tabraham, he pointed out that it was useless to compare individual items of expenditure, and to show some were smaller in the case of the Hospital Saturday Fund than in the case of the Hospital Sunday Fund, with the view of proving that the expenses of the former would compare favourably with those of the

latter, when the whole expenditure of the Saturday Fund was 10 or 12 per cent. more than that of the Sunday Fund. Amalgamation would reduce this expenditure to a merely nominal sum, and until a reduction took place to a maximum of 5 per cent. on the sum collected, the working classes were never likely to support the fund liberally.

As to Mr. Radley's remarks, he observed that the two funds were comparable as to expenses, for the reason that both had machinery ready to hand. Thus, the Sunday Fund had the machinery of the churches and chapels, the clergy and ministers, the churchwardens and sidesmen, and the Hospital Saturday Fund had the workshops and large establishments, the employers and managers, the foremen and superintendents, so that in each case the collection, if properly organised, could be made without great expense. The first step to take was to enlist the sympathy of the masters and managers, and to secure their co-operation to the extent of allowing representatives of the Hospital Saturday Fund to address the men ten minutes before the dinner hour, work being stopped with that object. This accomplished, the next step was to excite the sympathy of the foremen and superintendents, and to get them to encourage and superintend the weekly collections. Of course all this meant a serious outlay of time, patience, and ability, but what good thing was ever accomplished without difficulty and self-denial?

In reply to Mr. Hoare, he pointed out that the small sum contributed on Hospital Saturday in London, compared with other places, proved beyond dispute that the sympathies of the working classes were not with this fund as at present managed. No doubt the principle which the Fund embodied—viz., working-class co-operation for charitable purposes—had the support of the Parliamentary leaders of the artisan classes, but the particular methods of management of the Metropolitan Hospital Saturday Fund were deemed to be unsatisfactory, and hence monetary support was in a great measure withheld from the fund.

Mr. BURDETT further stated that having resided in various hospitals for nearly fifteen consecutive years, he could assure Mr. Fuller that hospital patients not only did not prefer a visit from one of their own rank to that of the class above them, but that he felt certain if Mr. Fuller himself were to become a hospital patient he would find that he would not be disposed, after a little experience, to speak more freely to nurses or visitors of his own rank in life, than to the benevolent and intelligent ladies and gentlemen who devoted so much of their time to visiting patients in the hospitals.

To sum up, it was very desirable that the working classes should contribute liberally to hospitals, and that, by virtue of their contributions, they should have representation in the management. It was, however, undesirable to establish a central organisation like the Hospital Saturday Fund with the object of raising funds for the hospitals, if the expenditure incurred exceeded by from 4 to 5½ per cent. that which would enable the hospitals to undertake the same

work for themselves. The force of this objection, due to unnecessary and undesirable expenditure, was increased, when the contributions, entrusted to the central organisation, were handed over to the charities, saddled with the condition that the nominees of the collecting agency should be admitted to all the privileges of governors. He did not wish to crush the Metropolitan Hospital Saturday Fund. All he said to its Council was—Either show that yours is the best organisation for getting into shops and for obtaining contributions; or co-operate with some other organisation; or remodel your system. If the Saturday Council would encourage workmen to send direct to the hospitals, he would co-operate with them as far as he could. He was, however, as a general principle of policy, distinctly of opinion that it would be better that contributions should be made directly to the Hospitals in London than that they should be made through a central fund.

The Chairman (Sir T. FOWELL BUXTON, Bart.) said all were agreed that hospitals were at present in serious need of all the support they could obtain. They heard of their being in considerable difficulties; it was the tendency of their expenses to increase rather than diminish; in some directions their resources had been seriously reduced. It was impossible that anyone could wish to crush, destroy, or hamper either of the Hospital Funds; they were doing a great and good work, and were heartily deserving of support. There were several points of controversy on which different views had been expressed. As to the issue of tickets to those who contributed to the Saturday Fund, it should be remembered that in some measure it took the place of mutual assurance—those who were able contributed for the benefit of those who were not, so that they themselves might have medical aid when they needed it. This was an extremely good thing; it was desirable to call out such feelings of mutual support and independence. Some of them had been anxious to establish provident dispensaries to take the place of free dispensaries, because they would promote mutual help, foresight, and thrift. If, to some extent, the contributions to the Saturday Fund obtained letters of admission to hospitals, something was done to encourage thrift; and so far as this was done all were agreed that it was a good thing. He did not think that members of hospital committees would particularly object to the appointment of representatives of the Saturday Fund as visitors; but they must consider the feelings of doctors and nurses if they saw any objection. As it was, a member of the committee of a hospital did go round; it was known who he was and who he represented; and if he did anything objectionable to doctors or nurses there were prescribed steps for them to take. The visitor, however, did not go as a spy, but to see that all was going on well; but, if the delegate were sent to look out for faults, there might be opposition on the part of medical men and nurses. All present would concur with him in expressing thanks to Mr. Burdett for his paper.

FOURTH GENERAL MEETING, JUNE 18, 1884.

IS IT DESIRABLE THAT HOSPITALS SHOULD BE MADE SELF-SUPPORTING, AND, IF SO, TO WHAT EXTENT?

By the Rev. CANON ERSKINE CLARKE, M.A.

BEFORE we can give a fair answer to this question, we must look at it as it would affect the Patients, and as it would affect the Hospitals.

Let us take the Patients first, and ask, Is it desirable that their treatment and maintenance should be a free gift, or that they should pay for it in whole or in part?

A letter issued by the Hospital Sunday Fund states that there were last year 74,500 in-patients, and 925,000 out-patients, of whom the great proportion were free cases. Of what social grade were all these thousands? They were not, I presume, 'destitute' persons, for the poor-law makes ample and elaborate provision for them, both by infirmary and dispensary, and Guardians take a liberal view of what constitutes 'destitution' in cases of sickness, even though they may be rather rigid in giving relief to those who are able-bodied.

If the Hospital Sunday Circular is correct, the 74,500 belong, as it says, to 'all branches of the industrial classes,' so we may assume that they are persons earning from 1*l.* to 5*l.* a week.

Is it desirable that all these persons should be dealt with indiscriminately, and have their hospital treatment for nothing, as a charitable dole?

I think not. I believe that for the healthy, there is nothing so absolutely demoralising as to receive what they have not earned.

I was much impressed in reading a pamphlet entitled 'Beggars and Impostors,' by Mr. Hornby Wright, written evidently by one with strong religious convictions, with earnest sympathy for the needy and large practical experience, and who was striving with hand and heart to help them. Yet he gives case after case in which men and

women, who had been industrious, honest, and truthful during their struggle with poverty, became lazy, lying, and profligate through receiving the alms of well-meant benevolence, and thus finding how easy it was to get money from rich and kindly folk without working for it.

I admit that free hospital treatment is not so directly demoralising, but I think it does something to rob a man of his self-respect, and to make him less unwilling to receive charity of any other sort in his times of health.

Let me mention a case which we had last year in Bolingbroke House Pay Hospital. A young fellow broke his leg playing foot-ball on Wandsworth Common, and was brought to Bolingbroke House. His father gladly agreed to pay 10s. a week for his treatment. But next day he heard that his son could be taken into St. George's Hospital for nothing, and he at once removed him thither. Of course, at Bolingbroke House he would have been receiving a gift of 30s. a week value, but he would have been maintaining his independence by bearing his share of the cost of the accident.

I have some knowledge of poor-law administration as chairman of a large union, and it is an axiom amongst guardians that the application for a 'medical order' is constantly the first step downwards to other forms of parish relief.

To my thinking, therefore, it is desirable for the sake of the character of the patients, for the sake of their manly independence, for the promotion of habits of thrift, that those who can afford it should pay for their treatment in hospital, though probably many of them could only contribute a quarter of their cost as in-patients.

As to the 925,000 out-patients, I certainly think that it is desirable that thousands of them should make some payment.

We have a Battersea Provident Dispensary, with close upon 10,000 members, which after all out-goings of rent, dispenser, drugs, collector, divided at Christmas 720*l.*, in addition to 158*l.* confinement fees, amongst its medical men. A state of things much more wholesome for the character of the industrial classes of the district than if they were tempted to make paupers of themselves by whining at the gate of an hospital.

We have another 1,000 members of a provident dispensary connected with Bolingbroke House, and this,

though the district is flooded with so-called dispensaries which prescribe for any one for sixpence or a shilling.

Let me now ask, Is it desirable that hospitals should be self-supporting for their own sakes?

I have not sufficient knowledge of the administration of hospitals to speak with aught but the utmost diffidence, and probably betraying my own ignorance, but my crude ideas may serve to open the discussion, which is all I undertook to do, at the wish of the Council.

I presume that we must put out of our consideration the endowed hospitals, which are already self-supporting from the benefactions of pious founders, and which are tied up to the relief of the poor, and possibly are even debarred by their charters from receiving any payments from their patients.

Like the great educational charities, I imagine that these endowed hospitals often confer benefits on those for whom they were not intended, or those who should be ashamed to avail themselves of their aid.

But there are many hospitals, which if we may believe their daily shrieks in the advertisement columns of the 'Times,' are in urgent need of funds. Surely it is desirable that the councils of such hospitals should make some effort to become self-supporting, and to cease from their perpetual and unworthy wailing.

If it be that the average expense of a bed in an hospital be 2*l.* a week, it is probable that few of the patients could pay their whole cost, but if a considerable proportion paid half or a quarter of it, this would make an appreciable difference in the balance sheet at the year's end. The home circumstances of men earning the same wages or salaries are so diverse, by reason of their habits or their families, that it would be unfair to make their income in health the gauge of what they should contribute in sickness.

I venture, however, to offer the following as a very immature suggestion to the solution of the problem before us. Would it not be feasible to have in general hospitals a *paying* side and a *free* side, and while giving on the free side everything that is now given, yet on the paying side to add some slight privileges and refinements? I suppose it would hardly do to make the visits of the students *optional* on the paying side. For though I am told that there are some patients who enjoy this notoriety

and glory in their infirmities, I know that there are others to whom it is a very great aggravation of their sufferings. I am sure that it would be so to myself.

Though the difference were really slight, yet if it were known that there was such a distinction, and if a fashion and public opinion could be created that it was mean for any one who could afford payment to use the free side, I think that a large number would be found to enter the contributing side, even without adopting any system of inquiry into the circumstances of the patients when they entered the Hospital.

Of course it would be an obvious plan to register the addresses and employments of applicants, and to have an inquiry officer who might be put on the track of any apparently unsuitable patients who were found to be occupying beds on the free side.

The experience we have had in our four years at Bolingbroke House proves that there are very many of the industrial classes who are able and ready to pay from 10s. to 20s. a week, and even the smaller of these sums would supersede the necessity of a good many guinea subscriptions to a hospital supported by voluntary contributions.

A contributing side would check the use of such hospitals by wealthy people for their servants, and by large employers for their business assistants, and might open the way to the gradual abolition of the objectionable system of subscribers' letters.

If such a division of an hospital is not wholly impracticable, and if the governing body of any hospital were found bold enough to make the trial, it might be sufficient to begin with a small proportion of paying beds.

But plainly, if in an hospital of 300 beds, 100 were contributing 10s. a week, that would be 50*l.* a week, 2,600*l.* a year.

If the hospitals were thus put in a better financial position, then the medical and surgical officers ought to be duly salaried, and so heavy a strain should not be made on the already always abundant unpaid services of the profession.

If there were still funds available after this was done, they would be well applied to extending the convalescent homes which are so often needed to complete and establish cures which have been wrought in hospital.

So that my answer to the question of to-night would be emphatically, that it is desirable, for the sake both of the Patients and of the institutions, to make hospitals self-supporting, though the extent to which that could be done would depend on the working out of the principle in actual experiment, and also on the differing circumstances and wages-earning condition of the industrial districts from which the patients were mainly drawn.

DISCUSSION.

SIR JOSEPH FAYRER, K.C.S.I., M.D., F.R.S., in the Chair.

MR. JOSEPH WHITE, F.R.C.S. (Nottingham), approved of the valuable suggestions contained in the paper. He expressed his belief that if only made known they would be generally adopted, especially in these times when the difficulty of providing funds was so great; and their adoption would, no doubt, tend to the welfare of the patients as well as of the hospitals. A great number of patients would gladly contribute. The general hospitals should not be entirely self-supporting, as there were patients brought in suffering from accidents which threw them out of work, and made it very difficult, if not impossible, for them to pay anything. There were, however, others of a different class who would feel their independence enlarged by a contribution. Instances frequently occurred in which patients who had been treated in hospitals afterwards gave handsome donations. A short time ago, a person who had formerly been in the hospital at Nottingham bequeathed to its funds upwards of 4,000*l.* in remembrance of the benefits he had received. With regard to the out-patients' department, the more general establishment of provident dispensaries was greatly needed. At the Nottingham hospital, with which he was connected, out of 6,000 out-patients treated annually, between 2,000 and 3,000 would be able to pay a small sum towards the provident dispensary, were such a dispensary established.

COLONEL KEATINGE, V.C., a member of a committee that had been engaged, for the last two years, in carefully considering this question, gave his personal opinion as derived from hospital experience. The hospital to which he belonged had lately passed through Parliament a bill empowering the managers to receive paying patients. His own view was, that if paying patients were to be visited by students for clinical instruction, the arrangement would be wholly for the benefit of the hospital; whereas, if the students were excluded from their bedsides, the eminent medical men who went to hospitals, in a great measure for teaching purposes, would not be willing to continue their visits, in which case the benefits which such institutions conferred would no longer be available to patients. As to inspection for ensuring that only proper persons

entered the hospitals, that experiment had been attended with the best results at the London Hospital, where it had been in operation from the first of January last. He did not believe that any deserving person had been driven away, but a good many people, after their first visit, had left knowing that questions would be asked respecting their position in life.

Mr. S. LEITH TOMKINS who had been connected for many years with St. Thomas's Hospital, said the patients mainly benefited at that institution belonged to a class that were above receiving poor relief, and yet whose working wages did not enable them to contribute to the funds of the hospital, because any money they had saved was required for the support of their families at home. While it would be highly desirable that working men in receipt of wages ranging from 1*l.* to 2*l.* 10*s.* a week should make some payment, as a matter of fact it would be found extremely difficult to obtain from such more than a very small contribution. As to having a paying side at the hospital, he heartily concurred in the view advocated in the paper. The plan was a pronounced success at St. Thomas's, where it was introduced two or three years ago, in consequence of the enormous rates charged by the parish of Lambeth, and which imposed a heavy burden on the funds of the institution. During the past year there had been a clear profit, on paying patients, of 500*l.*, the fixed establishment charges, for rent, rates, gas, water, and so on, being reduced by that amount. If the same principle were applied to other hospitals in the metropolis, it would have the effect of increasing the number of poorer patients, because the payments of those who were better off, for their full maintenance, would enable the managers to fill the now unoccupied beds with the patients who could not pay. Therefore, it was advisable, instead of the artisan class, to look to a class above them for contributions, viz. to clerks and the poorer professionals who might not have the comforts and appliances necessary for proper medical treatment at home, and who would be glad to pay for the attendance they would receive at one of the larger hospitals, or at an institution like that at Fitzroy House.

Mr. J. S. WOOD (Hon. Secretary, Bolingbroke House Pay Hospital) believed all would agree that it was desirable to introduce into general hospitals the paying principle. He was himself strongly of opinion that payment would be for the good both of patients and hospitals. In favour of this view, there was the old story of patients saving their independence by paying for what they had, and also the fact that the hospitals were in urgent need of funds. In calculating how this financial infirmity might be cured, he found if the 74,500 in-patients were each to give a nominal contribution of a shilling a week, on an average for four weeks, that it would produce 15,000*l.* a year, without the patients themselves feeling any loss. Then, if the 925,000 out-patients were to pay but a penny a week, it would bring in 15,416*l.*; so that, putting the two sums together, over 30,000*l.* might, by adopting that simple

method, be obtained by making a merely nominal charge. He would make a distinction between contributing-patients and paying-patients. He took exception to the latter term, because he objected to a hospital receiving patients from whom a large profit was made. This remark did not apply to institutions such as that at Fitzroy House, which had a distinct province of their own, apart from the general hospitals. In considering this question, they had to deal with the class of patients received at the general hospitals, who could afford to pay perhaps only one-fourth of their cost, or even less. At Bolingbroke House the minimum fee was half-a-guinea, which was low enough for all the advantages patients enjoyed; but that fixed charge had this effect, that only four-fifths of the people who applied for admission were received. He saw no reason why people who could afford but 4*s.* or 5*s.* weekly should not go into the general hospitals. The paying principle, whether adopted for in- or out-patients, ought to be introduced into all general hospitals alike, and at one time, as it was understood to be a great advantage to a hospital if it could proclaim abroad increasing numbers both of in- and out-patients. No special accommodation ought to be afforded to contributing patients either in the way of food or furniture. It might be advisable to provide one room for those who paid the whole of their cost—say 2*l.* 2*s.* weekly; but the larger number, who would contribute 4*s.* or 5*s.* a week, should accept the ordinary ward accommodation. The arrangement he suggested would be feasible and would not work to the detriment of the poorer patients, seeing that there were no fewer than a thousand beds now vacant daily in the general hospitals. Another reason for introducing the paying principle at the same time in all those hospitals was that, unless it were adopted simultaneously, patients, on finding that they could get at one place for nothing what they were asked to pay for at another, would naturally go to the former. There were in London five ophthalmic hospitals, only one of which—the Western Ophthalmic—had introduced the principle of payment. The consequence was that a third of their patients had migrated to the other institutions, and so increased the numbers treated there. An objection had been urged that paying patients would be unavailable for clinical purposes. If our hospitals are to exist, teaching must go on; and though a patient who was paying fully for all the advantages he received might be expected to object to being made a clinical subject, the same objection could not be raised by those who paid but a fourth or an eighth of their cost, seeing that they would still be treated charitably, though not to the extent they would have been had they been entirely free cases. The speaker believed that the general introduction of small payments by patients would be a wise measure of reform.

Mr. CHARLES PIZEY, as a working man, asked that the sentence 'Is it desirable that all these persons should be dealt with indiscriminately as paupers, and have their hospital treatment for nothing, as a charitable dole?' might be struck out of the paper, because

of the introduction of the word 'paupers,' which he held did not apply, in any sense, in a matter of this kind. It was not right to describe people as paupers when they were simply afflicted, and especially if they happened to have more than an ordinary share of illness or accident. With regard to payment, great discrimination ought to be used when anything of the kind was hinted at, so far as the poor were concerned, in connection with institutions originally established for the afflicted poor, but of which advantage was taken by persons who were well able to pay for the treatment they received at hospitals. These institutions, like educational endowments intended by the donors for the poorest class, had been diverted from their primary purpose. There were two hospitals in particular which, it was said, had no funds. What, he would ask, had they done with their money? Had they spent it in the relief of the sick poor? For St. Thomas's Hospital a building at great cost had been put up, which was nothing less than a palace. Was that vast expenditure for the benefit of the suffering poor, or was it not rather for the aggrandisement of the whole man? He thought the latter and not the former purpose had been served. St. Bartholomew's had received a new massive stone wing that had not a single bed in it. Surely, that expenditure also was for the benefit of men in health,—i.e. for the convenience of doctors and students rather than for the alleviation of the sufferings of the poor. If money were laid out in that way, he did not wonder that there was a complaint of deficiency of funds. He strongly advocated the development of the system of provident dispensaries all over London for the treatment of general sickness. No doubt those who were able would willingly pay to those institutions. A hospital, when it treated cases of general sickness, went beyond its province, which was to attend to accident, such as breaking of limbs. It was unreasonable to expect working men to contribute towards the cost of their own treatment, when it became necessary to take them into the wards of a hospital; because when they were laid aside with sickness their wages, as a rule, were stopped; and, what made matters worse, the expenses at home were somehow heavier at such times.

Dr. R. J. MANN, speaking from experience of the working of the hospital at Wandsworth Common, attached great value to the superior appliances and intelligent nursing provided at hospitals, as compared with ordinary household arrangements. In times of sickness or accident the home was disorganised. Medical treatment might easily be had, but not that instant personal attention which the patient required, and which the hospitals afforded.

Mr. HENRY C. BURDETT thanked Mr. Pizey for the instructive and practical remarks he had made as a representative of an important class, and it was hoped his example in taking part in a discussion of that kind would be followed by his fellow-workmen. With reference to the history of the question, it was first mooted seven years ago. At the time the idea of payment was deprecated, and was pronounced to be almost impossible. Even if it were attempted

in any practical form it was considered to be a work of supererogation, and one which would ruin the reputation of the man who might be bold enough to introduce the system. In the various newspapers the advocates of payment by patients were described by angry correspondents as dangerous enthusiasts. Now, however, the proposal was engaging the attention of managers not only of London hospitals, but of similar institutions in the country, where the addition of paying wings was seriously contemplated. The Home Hospitals Association for paying patients was established to open and administer pay hospitals as paying institutions, distinctly with the object of showing that it was possible to make the treatment of patients in hospitals not only a philanthropic but a commercial success. The purpose of the founders was in effect to open on one side of the street a pay hospital, and the existing eleemosynary hospital on the other side, and then to cause public opinion to place the paying ward as a bridge between the two. Three years ago he found, to his surprise, that all American hospitals (owing probably to the absence of endowments) were managed on the paying principle. Returns from the books of hospitals in Chicago, Philadelphia, Washington, and New York, showed that only ten per cent. of all the patients admitted to the free beds were American born. Those who received free medical treatment came for the most part from this side of the Atlantic, where the people were pauperised by excess of the medical relief. The feeling of individual independence in America, if it was now and again carried a little too far, resulted in the main in a great deal of good to the individual citizen. What was wanted in this country was to individualise the responsibility in regard to hospital treatment, by getting the people to realise the fact, as they were doing in the Potteries, that it was a privilege to be allowed to give a few shillings, when they were patients, in order to maintain their independence. Among some well-to-do people not confined to the working classes, the impression prevailed that it was their right to seek free treatment within the walls of largely-endowed hospitals, because they regarded these as national institutions handed down to them by their forefathers. It was not free hospital relief to all urgent cases the promoters of this movement wanted to stop—we could have too much of this; it was not a question of the working men or any other class suffering from accident being admitted free, but it was a question of abuse on the part of those who were well able to pay, and from whom payment should be sought. The combined free and pay systems he would strongly advocate. That system allowed the governors each year to ascertain from a budget statement how many free beds could be maintained, and the balance of beds left, which must otherwise be closed, was each year appropriated to paying patients. Having regard to the financial position of London hospitals, such an arrangement would be an intelligible one, and would commend itself to the support of many classes of the people. Instead of militating against the voluntary contributions, such a system

would tend rather to increase them, because it would attract to the hospital that adopted it an intelligent and lasting support. As to money having been spent on a new wing to St. Bartholomew's, not for the treatment of patients but for the accommodation of doctors and students, Mr. Pizey should remember that hospitals were not only for the treatment of the sick, but for the training of medical men. What would become of the sick if doctors were not allowed to extend their experience by clinical practice? Hospitals were not only eminently useful, but in one sense essential to the training of doctors; and he was convinced, after many years' residence in clinical and non-clinical hospitals, that a clinical hospital was by far the best for patients, because everything had to be done with the greatest care and thoroughness. The diagnosis was more complete, the treatment was better sustained, and the nursing, as a rule, was far more efficient. All these points involved a distinct gain to the patients, and for these and many other reasons, the clinical hospitals were far more efficiently administered, in spite of, or rather because of, the training of students, than any non-clinical hospital—that is, an institution without a medical school attached—could ever hope to become.

Mr. J. A. DICKINSON disagreed, to some extent, both with the writer of the paper and the last speaker. Two difficulties had to be encountered. First, they had to educate the working classes to realise that to contribute to the funds of the hospitals from which they received medical treatment was their duty; and secondly, the means had to be placed within their reach by which they could make the payment in the most easy way to themselves. It was certainly very hard to ask a working man, when suddenly struck down by some accident, to contribute largely towards his maintenance in the hospital. From the richest in the land to the poorer classes there was a disposition to extend to sufferers a helping hand. That characteristic of Englishmen he would be very loth to see lost; and he for one would not desire to see the American institutions supplant those which, in the opinion of a large number of working men, were quite as beneficial to them in their circumstances as any that existed on the other side of the Atlantic. The conditions of life and of labour were widely different in this country from what they were in America. Hence, we had to adapt our means to the conditions existent in our own land. If the managers of hospitals were disposed to allow a fair and reasonable voice in the conduct of those institutions to the working classes, the latter would no doubt assist the funds to a larger extent. But to ask them to do this in the hour of sickness was scarcely reasonable. Abuse might, to some extent, be avoided if the managers of hospitals were to allow to persons in authority in the various labour centres the privilege of nominating patients, because then the most deserving cases would probably be recommended. Hospitals would gain rather than lose if they hit upon the best means of encouraging the working classes to contribute according to their means. With regard to the spirit of independence, he had known hundreds of cases among the working

classes in which hospital relief had given rise to feelings of deep gratitude; and gratitude towards others was in itself a virtue not inferior to the feeling of independence, which might become somewhat of an abuse.

The Rev. Dr. FINCH was convinced, from an intimate knowledge of the poor, that they would, in many instances, derive moral benefit from the adoption of the paying system. It would teach them to be provident. In Kensington, Fulham and Chelsea, there was a system in operation under which families paid a penny a week, and it had been found to work wonderfully well. He approved of hospitals being made self-supporting to a certain extent.

Dr. BRISTOWE, F.R.S., said he had given the extremely difficult subject under discussion only very incomplete consideration, and had certainly not brought his ideas upon it to a definite focus. Whatever, therefore, he might say on the present occasion must not be taken to represent his matured views, or as in any sense binding upon him. He could not say that he wholly agreed or disagreed with most of what he had heard; but there were a few points in connection with the subject to which he had given some thought, and to those he would limit the remarks he was about to make. He thought that two or three quite distinct matters had been mixed up together during the discussion; one was the provision of homes in which patients who could afford to pay fully for all the benefits they received might be treated; another was the question of the terms on which patients should be admitted into endowed hospitals, and another was the question of the claims which gratuitous patients had to be received into subscription hospitals. The first of these could not properly be included in the present discussion and might be dismissed from consideration. In the latter two cases the question as to whether patients with small means should be admitted gratuitously or should make some pecuniary contribution towards their maintenance arose. On the whole he was in favour of the gratuitous treatment for poor patients. And he could see no sufficient reason why such hospitals as Bartholomew's, St. Thomas's, and others which were largely endowed, should, as a rule, demand any payment. As regards hospitals, however, which were dependent on subscriptions, it was obvious that if the wealthy declined or failed to support them adequately, there was nothing for it but that either their usefulness must be curtailed, or that recipients of their benefits must themselves contribute towards their expenses. In considering the question it must not be forgotten that the very poor are in great measure provided for by the Workhouse Infirmeries, and by the Asylum Board Hospitals, and that although urgent and difficult cases occurring among the very poor are properly admitted into the endowed and subscription hospitals, most of the persons who are and ought to be received into them are respectable persons of small incomes who while in health are paying their way, though probably with more or less difficulty. Among these may be included domestic servants, artisans, clerks, and even curates and other young struggling

professional men. It is urged in favour of demanding payment, that it promotes thrift. The time to encourage thrift is not during sickness, and certainly not while the head of the family is laid up. So-called thrift at that time often means starvation at home; and payment, whether of the medical man or for hospital treatment, is often effected by begging or borrowing. Moreover, it did not seem to him that there was anything more demoralising for the impecunious sick to receive gratuitous treatment than for healthy and well-to-do persons to avail themselves of the advantages of scholarships to Oxford and Cambridge. Further, it should not be forgotten that hospital patients do, in a certain sense, pay for their treatment by submitting to be made the subject of teaching for medical students and nurses.

The Chairman, Sir JOSEPH FAYRER, having thanked Canon Clarke for his interesting and valuable paper, said he had listened to it with great pleasure and much instruction. Like Dr. Bristowe, his ideas on the subject were somewhat imperfect, but he had received considerable enlightenment both from the paper and the discussion. The question had been viewed from all points. He had heard the opinion of a reverend gentleman and philanthropist who went in and out among the poor, and who knew their feelings to a great extent. He had heard the matter discussed by a hospital physician of large experience, and also by one who had most forcibly represented the working man's view. If he had time to study all the remarks that had been made, he might arrive at a very correct notion of the popular sentiment. So far as he could at present gather, the popular view of the subject accorded with his own. He thought that the opinion advocated by Canon Clarke ought to be carried into effect. He hoped that no one who represented the interests of the poor or the working-classes would for a moment imagine that he maintained, or even suggested, that a man should be called upon to pay, when treated at the hospital for a broken leg or acute fever, with his family thrown into distress and anxiety. To insist upon payment under such circumstances would violate the truly charitable spirit on which all hospitals were founded, whether endowed or not. Neither was that a feeling which anyone present would entertain. Dr. Bristowe had alluded to a class with which he, for one, fully sympathised, viz., young men, to whom the opportunity of going into a hospital to receive such treatment and nursing as he could only get there would be the greatest boon and kindness; for in many instances, where they lived in some miserable lodging, almost alone, and without friends, they could not have a better place to go to than a hospital. The popular mind was now being educated on this question: it was losing a great deal of false sentiment, and was beginning to acknowledge the great advantages afforded by hospital treatment, which he now hoped would be more largely availed of than it had been hitherto. As to supporting these institutions, those who were able ought to contribute. Morally they were bound to make some payment. Of course those who were too poor should be exempt. Payment by patients in hospitals, though formerly

regarded as impracticable, was now recognised as the proper thing to do; and the hospitals were now adopting the plan, with advantage to themselves and the patients. Popular feeling had greatly altered of late years on the question. The importance of hospitals as medical schools was too often overlooked. Medical men must have experience, and it was idle to say that the money of endowed hospitals was wrongly applied in providing such means of medical education which experience in such institutions alone afforded.

The Rev. CANON ERSKINE CLARKE, in reply, intimated his readiness to expunge from the paragraph in his paper the word 'paupers.' He was not chairman of a Board of Guardians without knowing how intense was the aversion to the word 'pauper.' He admitted that he ought not to have applied so disagreeable an expression indiscriminately to those members of the industrial classes who sought free treatment in charitable hospitals. His own attention, however, had been called to this question of self-supporting or paying hospitals at the instance of the artisan population in his own neighbourhood, where, in accordance with their wish, he had transformed a dispensary system of a most miserable eleemosynary kind into an institution which would have, in the present year more than 10,000 paying patients, all of the industrial class. Instead of small sums being collected by subscriptions, and then doled out in half-crowns to medical men, the institution had, in the course of eight years, grown to its present position, which enabled the managers to divide in one year nearly 900*l.* among four medical men in the neighbourhood who were attached to the Provident Dispensary. Wherever these gentlemen, in the course of their ordinary practice, came across people who could not afford to pay their fee, they asked them to come to the dispensary and attended to them there. The institution had thus been placed on a much more manly and independent basis than was afforded by the old eleemosynary principle. The idea of thrift and independence of which he had spoken in the paper was a suggestion which had been made by the artisan class themselves; but he should not think of asking a man to pay for hospital treatment when his wages had come to an end. If, however, a man was in receipt of £3, £4, or £5 a week, with no family, it was only reasonable to call upon him to contribute, if not the whole, a considerable portion of the expense of his maintenance in the hospital. Persons who were moderately well-off ought not to accept, without some payment, the benefits of an institution supported with the greatest difficulty by the subscriptions of the benevolent. There were many persons who might with an easy conscience seek medical aid from such hospitals without giving anything in the way of contribution, but there were others who ought not to resort to these voluntary institutions without offering payment, because either their salaries were not stopped during sickness, or they received assistance from their clubs.

APPENDIX.

VICE-PRESIDENTS, COUNCIL, AND OFFICERS.

Vice-Presidents.

The Right Hon. LORD ABERDARE, F.R.S., *Hospital for Sick Children.*

SIR T. FOWELL BUXTON, Bart., *London Hospital.*

SIR ANDREW CLARK, Bart., M.D., LL.D.,
London Hospital and East London Hospital for Children.

MAJOR ROSS, M.P., *Middlesex Hospital.*

Council.

The Right Hon. the EARL OF CORK AND ORRERY, K.P.,
St. George's Hospital.

SIR RUTHERFORD ALCOCK, K.C.B.,
Westminster Hospital and Hospital for Women.

SIR H. W. D. ACLAND, M.D., K.C.B., D.C.L., F.R.S.,
Oxford University.

WILLIAM BOUSFIELD, Esq., *King's College Hospital.*

J. S. BRISTOWE, Esq., M.D., LL.D., F.R.S., *St. Thomas's Hospital.*

HENRY C. BURDETT, Esq.,
Seamen's Hospital and Home Hospitals Association.

J. H. BUXTON, Esq., *London Hospital.*

M. D. CHALMERS, Esq., *London Fever Hospital.*

The Rev. CANON ERSKINE CLARKE, M.A.,
Bolingbroke House Pay Hospital.

FREDERICK COX, Esq.,
Chelsea Hospital for Women and British Lying-in Hospital.

W. H. CROSS, Esq., *St. Bartholomew's Hospital.*

H. N. CONSTANCE, Esq., *Metropolitan Hospital Sunday Fund.*

R. FARQUHARSON, Esq., M.D., M.P., *Scotland.*

TIMOTHY HOLMES, Esq.,
St. George's Hospital and Provident Dispensaries.

R. BENSON JOWITT, Esq., *General Infirmary, Leeds.*

G. B. LLOYD, Esq., *General Hospital, Birmingham.*

R. H. LLOYD, Esq., M.D., *Poor Law Infirmaries.*

CHARLES MACNAMARA, Esq., F.R.C.S., *Westminster Hospital.*

MALCOLM MORRIS, Esq., *St. Mary's Hospital.*

C. T. MURDOCH, Esq., *Great Northern Central Hospital.*

WILLIAM J. NIXON, Esq., *House Governor, London Hospital.*

RICHARD QUAIN, Esq., M.D., F.R.S.,
Consumption Hospital, Brompton.

T. GILBART-SMITH, Esq., M.D.,
London Hospital and Royal Hospital for Diseases of the Chest.

JOSEPH WHITE, Esq., F.R.C.S., *General Hospital, Nottingham.*

Treasurer.

J. H. BUXTON, Esq.

Bankers.

MESSRS. RANSOM, BOUVERIE & Co.

Secretary.

J. L. CLIFFORD-SMITH, Esq.

THE RULES AND CONSTITUTION.

I. The Hospitals Association shall consist of ladies and gentlemen connected with the various branches of hospital administration.

Objects.

II. The objects of the Association shall be (1), to facilitate the consideration and discussion of matters connected with hospital management; and, where advisable, to take measures to further the decisions arrived at; and (2), to afford opportunities for the acquisition of a knowledge of hospital administration, both lay and medical.

Means.

III. The Association shall afford facilities for the reading, discussion, and publication of approved papers; for the delivery of lectures and for the holding of conferences on hospital administration, hospital management, medical relief, medical education in relation to hospitals, free and provident dispensaries, and other kindred subjects; and shall found a library, consisting of works on hospital administration, construction, finance, and statistics.

Accommodation.

IV. The Association may from time to time acquire by purchase or lease for its purposes the whole or part of any building or buildings upon such terms as may be thought fit, and shall also have power from time to time to sell or surrender any premises which, in its judgment, are no longer required for such objects.

Membership.

V. The Association shall consist of members and associates, who shall be elected by the Council. Each applicant for admission shall be nominated by two or more members who shall certify in writing that the candidate is a fit person to be elected a member or associate of The Hospitals Association.

The subscriptions of members shall be one guinea, and of associates ten shillings and sixpence, payable annually in advance, on the 1st of January in each year. One year's subscription shall be payable on admission, unless the date of admission be later than the 30th of June, when only a half-year's subscription shall be so payable. The subscriptions of members and associates may be compounded for by a payment, at any one time, of ten guineas and five guineas respectively. Members and associates shall be entitled to attend and vote

at all meetings of the Association, but members only shall receive gratuitously the published papers or journals of the Association and be entitled to the use of its library.

The Council shall have power to elect as honorary members men of distinction in the practice or literature of hospital administration, medical education, statistics, or other kindred subjects, provided they do not reside within the metropolitan postal district.

Council.

VI. The control of the Association shall be vested in the Council.

VII. The Council shall be chosen annually at the general meeting from the members to conduct the affairs of the Association; and shall consist of a president, four vice-presidents, a treasurer, and twenty-five members, one-fifth of whom shall retire annually in rotation, the order of rotation in the first instance to be decided by ballot or otherwise. The five retiring members shall not be re-eligible for one year. Every member shall be eligible to fill any of the offices in the Council, but no member shall hold more than one office at a time.

The president, four vice-presidents, and treasurer shall *ex-officio* be members of the Council. They shall be elected each year, at the annual general meeting, from among the members of the Association. Each shall be eligible for re-election, and shall hold office until his successor is appointed, provided that no office shall be held by the same person for any longer period than five consecutive years.

The notice convening the annual general meeting shall state the names of those recommended by the Council for election as president, vice-presidents, treasurer, and as members of Council to supply the places of those retiring.

Sectional Committees.

VIII. The Council shall have power at their discretion to elect in any year one or more sectional committees, *e.g.* :—

1. For *General Administration*,
2. For *Medical Administration*,
3. For *Executive Management of Hospitals*.

Each sectional committee may consist of not more than twelve members and associates, and may meet once a month from October to April, or oftener, and shall possess the following powers and privileges :—

(1) The right to elect from amongst their members in each case a chairman and honorary secretary.

(2) The right to elect one of their number to represent them on the Council during the sitting of the said committee.

Three members of a sectional committee shall constitute a quorum. Minutes shall be kept of the proceedings of every sectional committee, which minutes shall be presented and read at the next succeeding meeting of the Council.

Vacancies in Council.

IX. On any extraordinary vacancy of the office of president, or any officer other than trustee of the Association, or in the Council, a meeting of the Council shall be summoned with as little delay as possible, and shall choose a new president or other officer of the Association, or member of the Council, as the case may be, to hold office until the next annual general meeting.

Auditors.

X. At the annual general meeting in each year, two members of the Association, not being members of the Council, shall be elected to act as auditors for the ensuing year.

The auditors shall hold office until the next annual general meeting, and shall be eligible for re-election.

Trustees.

XI. The property of the Association shall be vested in three trustees, and a resolution of the Council shall, in all cases, be a sufficient authority and protection to the trustees for and in respect of any conveyance, transfer, payment or other act thereby directed.

The present trustees are

Each trustee, whether already appointed, or to be appointed, shall hold office until his death, resignation, or removal. Any trustee may retire from office on giving a written notice, addressed to the Council, of his desire so to do. Any trustee may be removed, at a special general meeting, if it shall be determined at the meeting that sufficient cause exists for such removal, and any vacancy in the office of trustees may be supplied from among the members at the same or any other special general meeting.

Secretaries.

XII. The Council may appoint two or more of their number to be honorary secretaries, and engage such paid officers as they from time to time deem necessary.

Quorum of Council.

XIII. The Council shall meet once a month, or oftener, as may be requisite. Five members to be a quorum.

Journal.

XIV. The Council may, from time to time, issue a journal, or such other publication as they may think desirable, and for this purpose appoint one of their members to be honorary editor, and engage such paid assistance, and apply in paying the expenses of the journal such part of the funds of the Association as in their judgment may be necessary.

Arrears in Subscriptions.

XV. In the case of any member or associate failing to pay his annual subscription, due on 1st January, before the 1st of March, notice shall be sent to him, or to his banker or agent, by the secretary; and if the subscription is not paid on or before the 1st of May, he shall cease to be a member of the Association, and his name shall be erased from the books accordingly; but he may be readmitted by the Council upon assigning reasons which they shall deem satisfactory for his failure of payment.

Resignations.

XVI. Any member or associate may resign, on giving notice of his intention, in writing, to the Council; but no one can withdraw his name from the books of the Association unless his subscription shall have been paid for the year in which the notice of his resignation is received.

Removals.

XVII. A majority of not less than three-fourths of the members of the Council present at a meeting, special notice having been given for that purpose, may remove from the books of the Association the name of any member or associate, who, in their judgment, shall have been guilty of any act derogatory to his character and reputation, and calculated to bring discredit on the Association, and he shall thereupon cease to be a member of the Association.

Meetings.

XVIII. The ordinary meetings of the Association shall be held monthly or oftener, during the session, which shall be from October to May, both inclusive, on such days and at such hours as the Council shall declare.

Annual General Meeting.

XIX. A general meeting of members or associates shall be held once in every year, at such time as the Council may determine, to receive the report of the Council and the treasurer's accounts, to elect the officers of the Association, and to decide questions concerning its rules and management.

Special General Meetings.

XX. The Council may, when it appears to them necessary, and shall on the written requisition of not less than fifty members of the Association, call a special general meeting of the Association.

Notices of Meetings.

XXI. All notices of general meetings shall either be delivered at, or sent by post to, the last known address of each member of the Association ten days at least before the day of the meeting. Every notice of a special general meeting shall specify the object for which such meeting is convened.

Elections.

XXII. All elections, whether by the Council or otherwise, shall be by ballot, and except where the constitution shall otherwise provide, all elections and all questions shall be determined by a majority of votes.

Bye-Laws.

XXIII. The Council may, from time to time, make such bye-laws, not inconsistent with this constitution, as in their judgment may be necessary or desirable in the interests of the Association.

Alteration of Rules.

XXIV. A majority of the members and associates present at a special general meeting shall have power to make, from time to time, any alterations in the constitution not inconsistent with its main object; but no alteration shall be made without notice of the proposed alteration having been given in the notice convening the meeting, nor until the minutes of such meeting have been confirmed at a subsequent general meeting, ordinary or special.

REGULATIONS CONCERNING DISCUSSIONS.

1. Persons desirous of taking part in the discussions are requested to send up their cards to the chairman, by whom they will be called upon to speak.
2. Speakers will be limited to ten minutes. A bell will be sounded two minutes before the close of the allotted time.
3. Resolutions put from the chair must only be in the form of recommendations to the Council, by whom all such recommendations will be carefully considered.

1. The first part of the document is a list of names and addresses.

2. The second part of the document is a list of names and addresses.

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PREFACE.

THE following pages contain the Papers, with the Discussions thereon, read at the General Meetings of the Second Session (1884-5) of the HOSPITALS ASSOCIATION. With the view of making the work of the Association more useful to all who are interested or engaged in the management and support of Hospitals and kindred Institutions, it has been determined that steps should be at once taken to collect, classify, and index the Reports, Byelaws, Rules, and Regulations of all the existing Hospitals, Dispensaries, Poor Law Infirmaries, &c., throughout the United Kingdom, together with all the Reports and Returns relating to the object of the Association, which have been issued from time to time, under the authority of the Local Government Board; also to prepare tables of comparison, and to have short papers written bringing out the results shown and the differences exhibited by the returns received from the various Institutions on subjects affecting (1) their Internal Economy, and (2) their Executive Management. These documents and returns will be at the disposal of Members and Associates of the Association on application to the Acting Secretary, Mr. T. ALMOND HIND, 1, Garden Court, Temple, London. It is hoped that this arrangement will

save trouble, time, and expense to many a Hospital Committee and Secretary. It is further intended to found a Library in connection with the Association, and for this purpose contributions of books bearing upon the subject of Hospitals, &c., are kindly invited from authors and publishers.

October, 1885.

THE HOSPITALS ASSOCIATION.

THE first general meeting for the session took place on the evening of Wednesday, December 17th, at No. 1, Adam Street, Adelphi. Dr. Buchanan, F.R.C.P., F.R.S., presided, and among those present were—Major-General Sir Andrew Clarke, R.E., Professor John Marshall, F.R.S., Mr. Shirley Murphy, Mr. Edwin Williams, Dr. Thomas Creed, Mr. R. Hamilton, Mr. and Mrs. Furley, Dr. J. C. Fisher, Mr. M'Hardy, Mr. E. Ingress Bell, Mr. J. Ivory, Mr. A. W. Dresser, Mr. H. H. Collins, Dr. C. Hartt, Mr. J. Campie, Mr. Newton H. Nixon, Mr. and Mrs. Henry C. Burdett, Dr. Dawson Williams, Mr. Ernest Clarke, Mr. J. R. Knight, Mrs. Edgar Marshall, Mrs. Clifford-Smith, Mr. E. Sydney, Mr. H. H. Stratham, Mr. William Ash, and the Honorary Secretaries, Mr. J. S. Clifford-Smith and Mr. J. S. Wood.

In opening the proceedings, the Secretary read the minutes of the last meeting, which were confirmed.

The CHAIRMAN : Gentlemen, I have been asked to take your chair to-night, in consequence of the interest which I have in hospitals as a part of sanitary administration. It is impossible that anyone can have greater interest in hospitals than one who has to do with the public health of the kingdom. Hospitals, in their relation to public health, are too often thought of as being isolation hospitals for infectious disease ; but I venture to say that hospitals have always, since the Christian idea of hospitals existed, been regarded as one of the most important parts of the sanitary defences of any community. We come, therefore, to-night to hear a lecture and a paper on the construction of hospitals. The question of the administration of hospitals follows very largely from their construction. At present we are to be honoured by papers on circular hospitals, and of the advantages or possible disadvantages of circular hospitals, and our papers are to be given us by two very distinguished members of the medical and architectural professions. It has been truly said, that every discovery has to pass through three stages before its acceptance by the public. At first, we are sure to be told that there is nothing in it ; in the second place, after people have satisfied themselves of the fact, they begin to see that there is something in it, but it is not practical ; and, lastly, there comes a stage in which we are told, " Yes, it is practical, no doubt, but we all knew it before." Well, the use of circular hospitals has, I hope, passed through all these stages. When we were told that there was nothing in it, we were able to say that no less a person than Professor Marshall had invented

the idea, and that it had the approval of the architect of the Local Government Board, who thought there was something in it. When we had got to the stage of its not being practical, we came to be able to point to hospitals that had been designed on the circular hospital plan, one by the architect of the Local Government Board, and some by architects abroad. At any rate, a distinguished member of the Royal Commission on hospitals of 1881 did not see any way out of the difficulties relating to infection from hospitals unless the circular notion was adopted. And, this evening, I may recall that on this very day, at Greenwich, a circular hospital, complete in all its parts, has been opened—a circular hospital designed and arranged by the reader of the second paper (Mr. Keith D. Young). I think you will agree, gentlemen, that there has been found something practical in it. I may congratulate Professor Marshall on having reached the third stage. I think someone has discovered that one hundred years ago there was a design for a circular hospital, so they may say "We all knew it before."

"Hospitals in relation to the Public Health."

Professor JOHN MARSHALL, F.R.S., said: Mr. Chairman and Gentlemen, when I was requested by your Society to read a paper on this subject, I excused myself by saying that I had no time to prepare a special paper; but I trust that the knowledge which I possess on the subject will not fail me, if I attempt to fulfil the promise that I would deliver a sort of address or lecture. It is far easier for me to do so. It is very convenient to me to have had a few remarks made by our chairman introductory to the subject, because I may at once plunge in *medias res*.

Perhaps I can give more interest to my address if I follow the line of historical description. I often find that papers are too formal, and become tiresome; but there is something in the historical narration of events which serves to maintain the interest of an audience. I shall therefore adopt that plan.

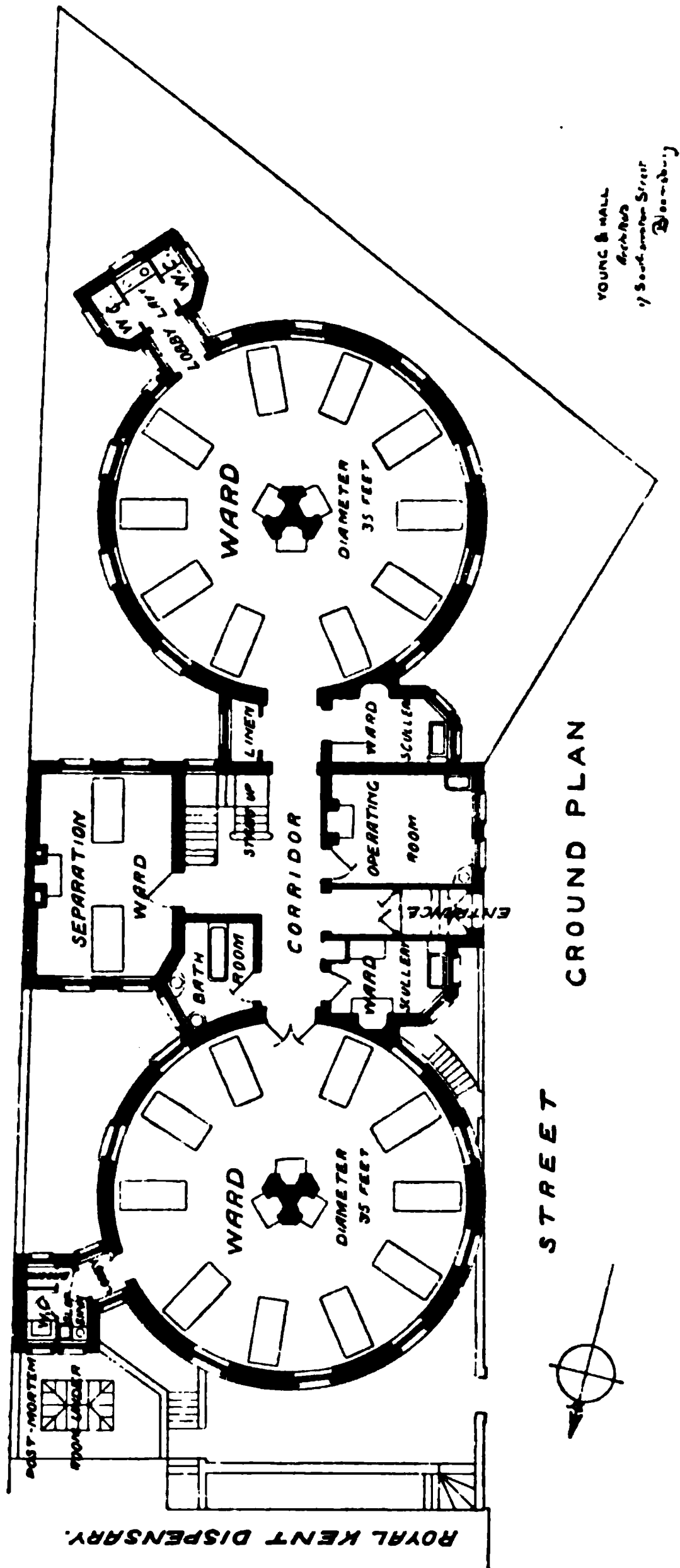
The idea of circular hospital wards occurred to me in consequence of the necessity we shall have some day or other at University College Hospital of building a new hospital there. I threw myself into the subject as well as I could, and came to the conclusion that there would be an advantage in having four circular towers, with square buildings between. Here are my rough designs, made in 1876, and which served as the starting point of my plan. I do not wish you to do more than just look at them, because I have had them revised elsewhere. The administrative buildings form a sort of Maltese cross between the towers. I then prepared a paper upon the subject, which was laid before the Social Science Congress, and in the autumn of 1878 this paper was read and published in the form of a pamphlet, which may still be had. It is very much increased in value by an *addendum*, written by Mr. Gordon Smith, the architect to the Local Government Board, which contains a skilled criticism of the plan, and on that publication rests my claim to have originated the idea of

a circular ward. Then the next step was that I asked Mr. Samuel Fry to do something more with my rough designs, and he mapped out the plan in six diagrams. On these you will find copies of my own ideas drawn out by an architect. There is a front view of the hospital, a side view, and plans of the different floors. The next event that happened was that an architect friend of mine, Mr. Francis Jones, said, "I should like to send you a design to cover the same ground." I replied, "by all means," and he sent the design which is figured above, and a copy which I hand round that you may see it a little nearer. It is a suggested hospital with four towers. There is a front view, and also a ground plan which will help you to understand it. Now, I must add that these plans have never been carried out. Next, Mr. Jones thought he might offer a plan for a hospital which was about to be built at Spalding, Lincolnshire, and he did so. That was submitted to the committee at Spalding, and carried with it the votes of the majority of the committee, and all the medical men were in favour of it; but as the money for the hospital had been left by one person, a lady, and the committee felt that they were dealing with funds which they were required to spend in a careful way, as it was not their own money, they had not the courage to try a new system; so they declined to adopt the circular plan, and chose another design altogether, in which square wards were employed.

When I published my pamphlet, I had not the smallest idea that anyone had anticipated me; but I found it stated in a French journal that there were several hospitals built on the "*système circulaire*." However, in this system, oblong pavilions were placed in a circle. About March, 1879, some eight or nine months after the publication of my pamphlet, I was informed that a hospital was to be built at Antwerp on the circular plan; and I at once communicated with the architects. Now, this hospital stands upon 11 acres of ground; there are four towers on one side, and four on the other. The foundations were laid in 1875, three years before my plan was published. The architect, Mr. Baeckelman, had designed the hospital in 1872, four years before I had any idea on the subject. He knew nothing of my idea, and I knew nothing of his. His plan met with great opposition on the part of the Brussels authorities, who declared it would be extravagant and was chimerical, and they put their veto upon it. He finally declined to carry out some of their suggestions, resigned, and handed over the undertaking to his son. The hospital has been building ever since. It will accommodate about 700 persons, all included. Last September, I had the opportunity of going into one of the wards which was completely finished, and I was perfectly enchanted

THE MILLER MEMORIAL HOSPITAL, GREENWICH.

Scale of 1" = 20' 0"



with it. It was 66 feet in diameter, and contained only 18 beds. The whole effect took me by surprise, and I was hardly ever so gratified at looking at any building in my life.

Now, besides this anticipation from Antwerp, I must mention that Sir Andrew Clarke, R.E., G.C.B., the Inspector-General of Fortifications, wrote to me from India, for a copy of my pamphlet. On further correspondence he told me that he had devised a plan for a hospital at Madras, long before he had read that paper, and he has obliged me with a copy of his design. The objection that was made to it was that it would be too costly. It was a beautiful design: the towers were 40 feet in diameter, and it was proposed to have only ten beds in each. Sir A. Clarke had allowed a much larger space than anyone else for the circular wards. There were four towers, and the exterior was extremely beautiful, and the whole building would have been an ornament to any city. It was held by the Duke of Buckingham to be too expensive. Sir Andrew has not told me the exact date when he designed it, but it was certainly anterior to 1876, and probably coëval with the Antwerp design. There were, therefore, two instances of circular designs having been made quite independently of each other, and of myself. So falls my claim of priority; but I may still take the credit of having originated the idea in this country.

Now, since the abortive attempt to introduce this system at Spalding, it was tried again at Bromsgrove and Shrewsbury, but met with the same objections. We come now, however, to plans and methods which have been accepted. The first of the three little diagrams suspended there is that of the Miller Hospital, which has been built at Greenwich. This Mr. Young will describe to you presently. I will only say that it does really embody the circular system for a moderate-sized hospital. I think the wards are 35 feet in diameter, with ten beds. In comparison with those of Sir A. Clarke, the wards are of course smaller, but the difference of climate will probably justify the introduction of ten beds into a ward 35 feet in diameter. We know that skill in ventilation will enable a small ward to do the duty of a larger one which is carelessly ventilated. I do not advocate the small ward, but as much space as possible, having a due regard to economy. The Greenwich Hospital will meet the requirements of the case admirably. I have been, to-day, at the opening of that hospital, and was very much pleased with what I saw, and I intend to pay another visit with the architect on some early occasion. This brings us to a still further development of the system. In the middle there you will see a plan of the mode of enlarging the Infirmary at Hampstead, which is built upon a peculiarly shaped piece of ground. By any

other form the architect found he was perplexed with conditions of too close proximity to neighbouring buildings ; but, by introducing the circular system, he believes he has accomplished the ends he had in view. There will be three floors, instead of only one or two ; there was to be only one in Sir Andrew Clarke's, and there are two in the Antwerp and Greenwich Hospitals. One would prefer to have only one single circular ward, which is like a great stone tent, with its simple roof overhead ; two can be managed, but three are rather a severe trial to the whole system ; it probably puts too many people under one roof. You can build a hospital of that kind with much greater safety upon an eminence than in a hollow or valley ; but, looking at the conditions of the Hampstead Infirmary, we get an instance of the extreme number of floors allowable. Now I pass on to another design, one that is being carried out at Burnley, in Lancashire, a very pretty design. This will consist, ultimately, of four circular towers, only one floor in each, of 56 feet inside measurement, and within a few feet of my design ; for I give 60 feet as the maximum, with about 18 or 20 beds. The Burnley Hospital seems to follow my dimensions almost exactly, and it is far advanced. It was announced to be opened at Christmas, and then next July ; but I believe it will really be opened in October. The architects have displayed great skill in the management of the details. Above the ward is a circular sun-room, as they call it. I had suggested also, in my own plans, that at the top of the towers there should be a sun-room in the middle, with a gallery for walking in outside. A still further example of a circular ward hospital is that by Sir Andrew Clarke, for the military department at Seaforth. It is for cavalry soldiers. The cook and nurse will be men, and it will be entirely a male hospital. It is an extremely elegant design. Sir Andrew Clarke is building another at Milton, and has chosen space for one at Valetta, in Malta. Within six years, then, we have these various hospitals, six in number, either in existence, or to be so in a short time. Antwerp takes the lead in point of size and dimensions of the wards, and the Miller Hospital at Greenwich is the first actually opened, for I understand that the Antwerp Hospital is not yet occupied. I have requested a friend living at Brussels to let me know when that event takes place. I have not heard, so I suppose it has not yet been opened. Then there is the Hampstead Infirmary, which will be opened in the summer, and the Burnley Hospital, which will be opened in October, and the one in Milton, which will be opened soon. So that we shall now have opportunities of seeing how the circular ward system acts. It is no longer necessary to stand up to defend

the system—it is rather to explain it. At first, one felt disposed to run the idea to death, but it has become decidedly more advantageous, in every way, to explain it, and leave it to make its own way. I, as the originator of the idea in England, profoundly thank the architects and engineers who are fighting out the difficulties of the case. It is a gratification to me to be here to-night to re-assert my small claim in the matter.

I may now conclude by pointing out to the meeting one or two particulars in which the circular system presents obvious advantages. Take a circle a foot in diameter, its circumference will be $37\frac{7}{10}$ inches; if you divide that by 4, you get $9\frac{4}{10}$ inches for each side of a square having the same run of outline. Well, if I place such a square card upon such a circular card, you will see that the circle overlaps the square more than the square overlaps the circle. There is the same run of outline in the circle as in the square. It is clear, therefore, that if you have a circular ward with a certain run of wall, you have a greater floor space and cubic space than in the square. You may build a square equal to a given circle, but then you have more wall; and, it remains as a fact, however, that the circle, being the most perfect of all figures, economises wall. With regard to other points, there are certainly great advantages to be attained by the circular system. Take, for example, the single question of light. If you have a circular ward, with windows at intervals between each pair of beds, it is quite certain that you get light from all sides of the building, whereas, as a matter of fact, with the square ward you often find the windows on one side or other, and the ends blocked. I do not think that the diffusion of light is so perfectly even all round as in the circular wards. It has been objected that if you had a ward 60 feet in diameter there would not be light enough for a surgeon to perform his operations. As a matter of fact, I tested this point at Antwerp, and found that objects were as brilliantly and clearly seen as in open day. Then, with regard to the approach of wind. Wind is a serious element. Not only is it a great advantage for purposes of ventilation, but it is sometimes extravagantly high, and windows are closed all on one side of a long ward, and the ventilation for a time is very much impaired. Again, the horizontal currents of the wind beat upon each window with the same force; but in the circular ward only one window receives the air straight; the other windows break up the strong horizontal currents. Once inside a long ward, the strength of the air strikes against the opposite wall, and some of it goes out; and, if you open the windows on one side, all the patients on the other side shiver; whereas, if you have the inner circular wall, it silently, and without any

further mechanism, breaks up the currents. The only current that comes straight through is the middle one, the others are more or less deflected. The air is first broken up, and is again mixed up, as it were, by the way in which it is received, on the outer and inner curves, so that you get a dispersion of the air simply by the forms of the surfaces on which it strikes. It is sub-divided externally, and mixed up in the interior. This is of some considerable moment. Then I think the circular form is obviously able to adapt itself better than any other to an equable distribution of artificial warmth, however this may be provided for. It has been said that you waste a good deal of space by building a circle instead of a square, and the desire of everybody is to use every available space. That is perfectly true; but when you do that, you do it at the risk of certain other things. First of all, with a square form, you bring every part of the hospital near to any building, whereas, in a circle only one part of the circle comes as it were into the nearest limits of proximity to such adjacent buildings. My conviction is that you had better sacrifice a little space rather than build up to the corners of a quadrangle, and have the currents of air passing on one side of the building, and not going round it. This is a matter upon which opinions will differ. Nevertheless, I think Mr. Young will agree with me that there is a great satisfaction in being able to look round his circular ward and say, "I do not come near this building, that, or the other." You may cover too much space, and spoil the system of construction of your building. Having, I think, shown that you can get fuller ventilating powers, more sunshine and light, and a more even distribution of artificial heat in the circular building than in the square, I may add, with regard to cleanliness, that you have no corner in the circle. Even in an octagon you have eight corners instead of four, where dust will be likely to accumulate. Besides, in the octagon you will find, if you place the beds three at each side, those next the angles will approach too near at the foot. In the circle you can take out or put in a bed with ease. In an octagon, the windows are not always conveniently adapted to the proper intervals in the beds; in the circle you can deal with these in any way. The chief suggestion I have myself made since I wrote my pamphlet is that the ceilings should not be horizontal, but raised towards the centre, which would assist the currents of air in their upward movement towards a central ventilating apparatus. Now I must not trespass further upon your time, gentlemen. I rather wish to be learning than expounding. I am happy to give way to Mr. Young.

Mr. KEITH DOWNES YOUNG, F.R.I.B.A., then read the following paper descriptive of

"The Miller Memorial Hospital at Greenwich."

The Miller Memorial Hospital, which I have very briefly to describe to you this evening, is intended as a memorial to the late Canon Miller, D.D., Vicar of Greenwich, and to commemorate the foundation of Hospital Sunday, of which he was the originator ; and, most fitly, the new building has to-day been opened by the Lord Mayor, who, by virtue of his office, is the Chairman of the Hospital Sunday Fund of London.

The modest building which to-day commences its existence as a hospital, would have little claim on your attention but for one fact, which I may be pardoned for regarding as of some importance. It is that this is the first hospital ever opened for the reception of patients, with wards of a circular form ; and, for my colleague and myself, I may be permitted to say that we value very highly the privilege of having been the first architects to put into practical form in this country the circular ward system, so long advocated by the distinguished Professor to whom we have had the advantage of listening this evening.

The plan which we have here to-night shows the hospital as it will be when complete ; at present the central administrative block, and the northern ward pavilion only are built.

The site occupied by the buildings already erected consists of a rectangular piece of ground immediately in rear of the Royal Kent Dispensary, in length about 63 feet, in width 46 feet, or about 2,898 square feet in area. On the north, it adjoins the dispensary building just mentioned ; on the east, a large garden or yard, belonging to a chapel ; on the west, a blind road, or *cul de sac*, by which access is obtained to the hospital ; and, on the south, the ground on which the future extension is to be built.

It is not, I think, very difficult to see that to plan a hospital at all on a site so restricted as the one before us, is by no means an easy task ; the position of the dispensary, and the fact of its having windows overlooking the hospital site, whose light must not be unduly impeded, present obstacles of a very serious nature to the efficient lighting and ventilation of the wards. Careful study led us to the conclusion that wards of the ordinary rectangular form were entirely impracticable, and that the only possible way of overcoming the difficulties of site was to adopt the circular form for our wards. To illustrate my meaning more clearly, let us suppose the circular ward nearest the dispensary to be removed, and to be replaced by a rectangular ward for the same number of

beds, and the same floor area per bed. The result of this would be that, when the ward was placed in position, its north wall would fit close up against the back wall of the dispensary. I should mention that, in view of the intended future extension southwards, the position of the administrative building is necessarily that which it now occupies.

The ward pavilion is two stories in height, the ground floor ward being devoted to male patients, the upper ward to female patients. In the ground floor ward, the area per bed of free floor space is 96 feet, the cubic space 1,128 feet, and the wall space ten feet. These dimensions are slightly greater in the upper ward, as the enclosing walls are less in thickness.

Each ward is lighted by eight windows, giving a total area of glass of 153 feet, being in the proportion of one foot of glass to every 73 feet of cubic space. The windows are of the ordinary double-hung sash form, with a fall-in or hopper light above; by a simple contrivance of a deep board fixed on the window-sill, the lower sashes can be raised some four-and-a-half inches, and air admitted in a vertical direction between the upper and lower sashes, without a direct opening being made at the sill level; openings for the admission of air are also provided at the floor level, under each bed, fitted with Ellison's radiant ventilators.

Each ward is warmed by three of Boyd's ventilating grates, each of which is supplied with fresh air from the outside. The fresh air is warmed in a chamber formed in the back of the grate, and passes into the ward through a grating provided for the purpose, and provided with a valve for regulating the flow of air. The stoves are set in a shaft in the centre of the ward, which, on plan, is in the form of an equilateral triangle, with each angle truncated. By this arrangement each patient has a full view of one or other of the fires, and the central shaft is reduced to the smallest possible dimensions. Ventilation is further provided for by three exhaust flues, which are formed side by side with the smoke flues, from which they are separated by thin iron plates; these plates are heated by the ascending smoke and hot air from the fires, and thus assist the upward current in the exhaust flues.

The floors of the wards are formed with iron joists, embedded in concrete, and on the upper surface of the concrete wood blocks two inches in thickness are laid. It is intended to treat these floors by the paraffin process, by which means the surface will be rendered absolutely impervious.

The walls have a Portland cement dado five feet high, above which they are plastered. The dado is painted and

varnished, the upper part distempered. All the angles in floors, ceilings, windows, and doors are rounded, and no mouldings of any kind are used in the wards.

The necessary offices are placed in a projecting building, and are cut off from the ward air by a cross-ventilated lobby.

The administration building is five stories in height, including the basement. Immediately to the right of the main entrance is a room, originally intended as an operation room, but which is now destined to be used as the secretary's office. The room at the back, marked on the plan, "separation ward," will be the operation room. To the left of the ward door is the ward scullery, a little room which necessity compelled us to reduce to the very smallest dimensions; and to the right a bath room and lavatory.

The basement contains store rooms and cellars, and a room for the reception of stores. The entrance for tradesmen is on this floor, and is approached by a flight of steps in the area.

The first floor has similar ward scullery, and bath room arrangements to the ground floor. There is a separation ward for one or two beds in the front, and the matron's rooms behind.

On the second floor are the kitchen offices, consisting of kitchen, scullery, larder, and store room. A lift of sufficient capacity to convey all needful supplies from the basement to the kitchen, and to serve as a means of communication between the latter and the wards, is provided. It is worked by hand, and has an automatic check to prevent accidents. Two bedrooms for nurses are placed at the back of this floor.

The third floor contains a common room for nurses, two bedrooms for nurses and one for servants, and a bath room and w.c.

The staircase and landings throughout are fireproof, being formed entirely of concrete.

In the angle between the hospital and the dispensary is a small mortuary and post-mortem room; the latter is lighted by a lantern light in the flat roof.

The drainage is all external to the buildings, the sinks and other waste pipes discharge in the open air over trapped gullies, and the soil pipes are carried up to their full diameter to above the eaves of the roof. The drains are laid in straight lines from point to point, and three inspection chambers, or manholes, are formed, into which all branch drains are brought; the drains in these manholes are open channels of glazed stoneware. Connection with the sewer is cut off by a trap of the form devised by Mr. Rogers Field for this special purpose. The drainage in the post-mortem room is carried in an open channel in the floor to the outside,

where it discharges over an open trapped gulley, the channel being covered by an iron grating. Each length of drain was carefully tested with water before being covered over.

The total cost of the building has been £3,842, or at the rate of £160 per bed. This proportion will, however, be materially reduced when the south wing is built.

I have, I think, now touched upon every point of interest in the building which I had to describe ; and I have but one more remark to make.

I do not for a moment claim for our hospital that it is a fair example of the many advantages afforded by the circular system of wards ; but I do think that it affords clear evidence that a circular ward can be successfully planned on a site where a rectangular ward is impossible. The circular form in itself is by no means unpleasing in appearance, and the lighting has the effect of being much greater, in proportion to the area of the ward, than it really is. Time alone will show whether the ventilation is all that is expected of it. If, in the future, the results are at all what we hope they will be, I cannot help thinking that not only will this form of ward be more largely adopted in time to come, but that also the area per bed now regarded as a minimum can be materially reduced, and thus an element of economy introduced which will more than counter-balance the small extra cost of the circular form of construction.

DISCUSSION.

The CHAIRMAN having invited the visitors present to consider themselves members of the society for the evening, and to take part in the discussion ;

The SECRETARY read the names of the following gentlemen who were down for election as members of the society :—F. Iago, Captain Francis Handley, J. Furley, Newton H. Nixon, Miss Meyrick.

The CHAIRMAN then said that he was sure they would all wish Major-General Sir Andrew Clarke to have priority in the discussion.

Sir ANDREW CLARKE : Mr. Chairman, I came to listen and not to speak, and I hope you will excuse me to-night if I am not able very clearly to put before you my views upon this matter. But first, I must disclaim, on the part of myself, any originality in proposing the circular ward. The idea of the circular ward for hospitals was suggested to myself by an eminent physician in the city of Melbourne, in the year 1854. At that time there was some discussion on the question of extending the great hospital which at that time served that city, and Dr. McKenna, a physician of that city, who was taking some interest in the matter, and had some influence in the decision to be arrived at, had brought to me his experience with reference to the adaptation of the circular wards for the treatment of the wounded and sick. This medical officer had served for some years during those civil wars which had agitated the Spanish American colonies. He said whenever his wounded had been treated in the ordinary square wards and hospital, "gangrene" generally existed, but in the churches and chapels that were attached in that country, and invariably took more or less a circular form, "gangrene" was almost unknown, and that where amputations had simultaneously taken place in the convent rooms adjoining, and in the adjoining churches, the majority of the patients in the wards had died, while the majority in the circular churches survived. This led me to

consider the matter. At that time, I may say I met with very considerable opposition, and the matter dropped. In 1858, I happened to be in Rome, and I accidentally learned that the wounded of Garibaldi's army were treated in some of the convents of Rome, and in the Pantheon many had been treated. I was reminded of what my friend in Melbourne had told me, and I took the opportunity of my friendship with Dr. Pantaleone, who had done so much for the freedom of Italy, to ask him what had been his observations in the matter. He told me the matter had not struck him, and he would inquire. From what we gathered from the various medical officers who had treated the patients, both of the French and Garibaldian armies, I was led to believe that there was a very, very remarkable absence of mortality and of hospital "gangrene" in the treatment of the people in the Pantheon, which was not the case in the wards adjoining. I determined, whenever I had the opportunity, to carry out the result of these enquiries. My first attempt to do so was the design for Yokohama. The evacuation, however, took place, and I was not able to carry it out. The next attempt was for the hospital of Lakmal, when I was in India. My next opportunity was one for a seaport hospital at Liverpool. I am now constructing another one at Milton, and hope to be able to construct one for a hundred, or a hundred and odd, persons, at Malta. I will not travel over the ground which has been so ably traversed by Mr. Marshall, but I think I can say, from my own observation of the matter, that the principles upon which he has gone are the very principles which guided me in coming to the conclusion that the circular ward hospitals provide the very best conditions under which we can treat our sick and wounded. I must, however, say that we must not altogether believe that this system was quite originated by Dr. McKenna, although I believe it was freshly initiated by him. I believe his system was the subject for discussion for a considerable time during the French Revolution, and that the Republican Government of the day appointed a commission of eminent medical officers to consider this very question, as to how far it could be adapted to one or two of the hospitals that they were then building. I believe it was, however, decided against them. I may say that when I proposed that to the medical officers generally, from time to time, it did not receive their support. I am now, however, very glad to say that, nearly without exception, all the military medical men who have considered the matter are on my side, and supporting me in this change. Are there any points in which I could add force to what has been said by Professor Marshall? There is one point which has been in my observation for many years. In going round barrack rooms in which disease has been, I invariably ask the question "Where were the first persons who suffered, from whatever the disease may have been?" Strange to say, I have always had pointed out to me the bed in the corner of the room where there had been no ventilation. I gave orders in India that the room should be so designed that there should be no corner bed, by forcing the window at the end of the room. That proved to my mind that there was something defective in the ventilation of the square wards. There are one or two observations I happened to make in India with reference to the ventilation of circular buildings. In 1877, I happened to be present at a picnic to a tomb, a great circular building of some 60 feet in diameter, and with a domed roof. We found it, although uncommonly hot inside and outside, yet well aired, and, although there were a great many of us in the room, the air was always pure and fresh. A further observation was that, in opening my card case, the usual little piece of silver paper which the printers place between the cards, fell from my hand, and somebody remarked a short time afterwards that it was half way up to the ceiling. It occurred to me that there was some action going on. Several experiments were conducted for me by floating silver papers, and they all found their way to the roof. It was evident there was a circulation in the room that carried it to the roof, which proved by some law, which I do not profess to know, that there is in the circular ward a circulation of its own. I can only answer for the fact; as to applying the theory I do not venture to do so. The question of light was one on which the medical

men strongly opposed me, as they all asserted that light coming from all sides of more than 22 feet from the foot of the bed was not sufficient for any operation in the room. I think they lost sight of the fact that there were cross lights in a larger room than that which would help them. I wished clearly to enforce the fact that the circular ward must more or less be accompanied by a domed ceiling, and that there ought to be no corners between the wall and the ceiling. You must try and carry up the wall of the roof in one curve or line. Therefore, I quite admit that in a crowded town, where space is so enormously valuable as it would be in London and other great cities, you must face the question of the expense of this system; because I deprecate having one ward above the other, and that I am aware is the weak, and only weak point in our system. That can be got over, but only at some little expense. With reference to the single-storied hospitals I have at Seaforth and Milton, they are as cheap as, if not more economical than, the ordinary square system.

Mr. GORDON SMITH (Architect to the Local Government Board): I hesitate very much to offer any remarks in the presence of so many who have large practical experience in these matters. Until two or three days ago, I never saw a circular ward hospital, although I thought a good deal about it when Professor Marshall put forward his views in the pamphlet to which he has already referred. It interested me very much at the time, and I am exceedingly gratified to see that in so short a time as half-a-dozen years we have got some hospitals actually built, one, I may say, in operation to-night for the first time. The principal advantage, it seems to me, of the circular ward is its extreme adaptability to different conditions. When we look at the Greenwich or Hampstead hospitals, I think I may say that they could not have been built on the square system at all, or if they had been they would have given rise to great difficulties. Then, coming to the question of floor space, I notice that Mr. Young says, in the Greenwich hospital each patient will have cubic space of 1,128 feet. In the Hampstead hospital the cubic space comes to about 1,000 feet, while the beds are placed at intervals of six feet, whereas in the Greenwich hospital they are at intervals of ten feet. That shows at once that in the Hampstead hospital the diameter is 50 feet, and in the Greenwich hospital 36 feet. That shows what an advantage there is in regard to this cubic or floor space, that the beds are placed so much closer together, and yet have the same amount of space as in the larger ward. I do not mean to say that placing the beds nearer together is in any way an advantage; but in all Poor Law hospitals, where most of the patients are suffering from old age, it may be different from what it would be in the general hospital. At Hampstead they have 24 patients, and at Greenwich ten, and while the Hampstead patients are put six feet apart, they get the same amount of space as in the Greenwich hospital. I can quite endorse what Professor Marshall said of the octagon wards. As regards the curved ceiling, I think there is a good deal in that. It would be an advantage, not only as regards ventilation, but also in appearance. We ought to aim at getting our wards one storey high as much as possible.

Mr. HENRY C. BURDETT: It is a happy coincidence that the first circular hospital has been opened to-day, on the occasion when we assemble to discuss the system of circular wards. It is not altogether an accident, and I hope it will be the occasion of emphasizing the importance of this departure in hospital construction, and will conduce to bring so much attention to it that we may cease to be in favour of experiments merely, but be justified by experience, I may say with reference to the circular ward at Greenwich, that it would have been just possible, in my opinion, to have put a square hospital on the limited site at disposal. If, however, the square building had been decided upon, the committee would have been obliged to reduce the number of beds. I am inclined to think that the hospital before us (the Miller Hospital, Greenwich), has the narrowest diameter which it is desirable that a circular hospital should have. Although you get a wall space of ten feet, you will find, however, that you will have no large space, and if the diameter was narrow it would be

considered cramped. The nurse would never be able to see more than two-thirds of the beds. At present she can look at any point and see all but one or two of the beds. I think that is an important point, and also of interest to us, because we have got something out of the Miller Memorial Hospital which will be much referred to in regard to this particular question. Two years ago I was at a hospital where there were octagonal wards. I differ distinctly on the question of the advantages and disadvantages of octagonal as compared with circular wards. The octagonal is not one which is likely to be tolerated on principles of health. It presents very many features that are objectionable, and I say for all practical purposes, if you come to discuss the forms of construction, we must admit that the circular has comparatively the most, and the rectangular the fewest, advantages. With regard to cost, I may say, remembering that we have to add another wing to complete the hospital, that £160 a bed is a remarkably small sum to have paid for a hospital like the Miller Memorial Hospital, and reflects the greatest credit on the architects, whose economy deserves public recognition. I think this is a point that all of us, whether we are medical men, or architects, or members of any other profession, will greatly appreciate, and that I, who have a knowledge of the fact, ought to bring it out to-night. There is one other point, which does not directly affect circular wards, except as adapted to a principle which is now coming up in connection with the administration of the hospital. There is an idea that paying patients will be taken largely into the hospital at Greenwich. With this view it was decided to so furnish the hospital that each section can be made into a separate room by means of curtains, so that each bed is completely isolated. I have come to the conclusion that the circular hospital offers peculiar advantages to the paying patient. It is not necessary to bring the curtains out so far—four feet is quite far enough. You do not then narrow the floor space, and yet secure a very excellent result for the purposes of administration. I may say, further, that it is satisfactory to have evidence that the Local Government Board is prepared to consider the circular system with great favour, for one of the earliest instances of a circular ward is to be met with at Hampstead. We have heard from Sir Andrew Clarke most interesting details of the cause which led to the origin of circular wards as applied to hospital construction. Thirty years ago he came to the conclusion that the circular form was desirable. We know that the army medical officers are distinctly in favour of the system, and we know that the Local Government Board are decidedly in favour of giving it a fair and extensive trial, and I believe it will be found that the circular form will go on becoming more and more popular, and the more we know of it the more we will like it, and the greater are the benefits we gain.

Mr. H. H. COLLINS said that a pæan had been sung in honour of circular hospitals, but if there was no difference of opinion there would be no argument. Therefore he differed from the remarks of the last speaker. He congratulated the architects on having such an able critic as Mr. Burdett, for they knew that his approval would not have been given if not well deserved. He wished to point out, however, that everyone had not got such long purses, and that money was not so easily obtained from the public as to warrant the great expense which, he ventured to say, must be entailed by building circular hospitals. The walls must be a great deal more costly than the rectangular walls. The floor space would also be more expensive, and the construction of the roof for operation practice would be a costly undertaking. He contended that the large shaft which formed the fireplace would be very obstructive. He thought in regard to curtains, and in the circular ward, there would be very little privacy. He did not think it would be fair in future discussions to quote the Hampstead hospital, as it was built on a very awkward piece of ground indeed, and there were many local difficulties in the way. The plan adopted was the only one the architect had of meeting the requirements of the hospital at all, and it was probably forced on him. There was nothing, he considered, more uncomfortable for a patient than to lie in a circular ward. It had been said when Pentonville prison was built that only one thing was required to

make the prisoners mad, and that was to have a circular ward. He thought that the nearest approach to the ordinary room would be better for the cure of the persons placed in it.

Mr. BURDETT said he had this advantage over Mr. Collins, that he had been the whole afternoon in the Miller Memorial Hospital, and had taken every point of evidence. If Mr. Collins, or anyone else, doubted what he had said they could go down to Greenwich and would find it literally correct.

Dr. CREED (Greenwich) observed that, with reference to what had been said about the ventilation shaft, those who had come from Greenwich would admit that nothing could be more pleasing than the appearance of it. There was beautiful air and light on every side. He thought that if Mr. Collins would visit the hospital he would go away much better satisfied than he was at present.

Mr. MITCHELL thought that the circular system was the most cheerful way of building a hospital, as it gave the patient a sense of security. The nurse could see certainly three-fourths of the patients at a glance. It was an admirable system, and it did not want much common sense to say that it was far beyond anything they had had before.

Mr. M. M. MCHARDY, F.R.C.S., said it was perfectly superfluous to say one word in favour of the system after the high compliment that had been paid to it by the gentleman on his right (Mr. Collins). He had not succeeded in raising a single objection to it. The hospital had cost some £65,000, and accommodated 573 patients. He had no doubt that Mr. Young would give them some idea of the cost that would be involved by adding the second circular tower to the hospital, and they would then be in a position to judge what would be the cost per head. They must all realise that it was not a subject for comparison at all, for it was hardly right to compare a small hospital for 20 patients with one intended to hold 40. They could not suppose it would be more than £110 per head, and that, he believed, was not a monstrous sum for a hospital. Turning to the question of sunshine—which, he said, Londoners knew very little about—he expressed his opinion that the medical profession possessed no curative agent equal to the sun, and architects too often shut out the sun as if it was an agent of mischief.

Professor MARSHALL, in replying, said he would not trouble the meeting with any remarks in defence of the system. He had come with the view of explaining what might be said against it, and very little had been said against it. He then proceeded to read a letter which he had just received from Viscountess Strangford, in which she enclosed a sketch of a hospital which she is having erected in Egypt, at Cairo. In the letter the Viscountess said she had just returned from Egypt, after a long absence, and, referring to the circular-ward system, she added, "you may like to know that in my hospital in Cairo the people were most cheerful." This, Professor Marshall observed, was a curious little bit of testimony, and he regarded the letter from Lady Strangford as a little additional evidence in favour of circular wards.

Mr. YOUNG, in answer to questions that had been put to him, said that they had nothing to do with the furnishing of the hospital. As the criticisms of Mr. Collins had been already alluded to, he had little left to say, except that it was not fair to compare a hospital with 40 beds to a hospital with 160, the conditions of the two being so obviously different. As to the cost of the further ward, as a matter of fact the plans for it were not yet completed, but they imagined the cost would be £2,000, which would reduce the proportion per bed somewhere under £140. He did not think it was a monstrous sum for a hospital that was fire-proof in the wards and staircase. The cost per cube foot of the building was ninepence, and he thought that Mr. Collins would agree with him that that was not a very extravagant sum. He further pointed out that the circular building did not involve the use of circular bricks, for, strictly speaking, it was not a circular, but a many-sided wall.

Mr. ROWLAND HAMILTON also made some observations.

The CHAIRMAN: When I had seen this hospital, such apprehensions as I once shared with Mr. Collins vanished. I must say they have vanished

altogether as regards the question of homeliness and cheerfulness. The circular wards at the Miller Hospital are,—and I am sure Mr. Collins will agree with me when he sees them—as homely and cheerful as possible. There is no doubt about it. As to other matters, they must be matters of experience. I do not think we can speak—except, of course, the architect—on questions of cost. I do not think we can speak altogether as to the satisfactory quality shown, until we have had some experience. After referring to the question of ventilation, the Chairman concluded by returning the sincere thanks of the meeting to Professor Marshall and Mr. Keith Young.

Sir ANDREW CLARKE moved a vote of thanks to the Chairman, and, after Dr. Buchanan had responded, the meeting broke up.

SECOND GENERAL MEETING, JANUARY 21st, 1885.

THE second general meeting for the session took place at No. 1, Adam Street, Adelphi, on the evening of January 21st. The chair was taken by Mr. Timothy Holmes, F.R.C.S., and among those present were Mr. W. Bousfield, Mr. John Furley (Vice-chairman to St. John's Ambulance Association), Mr. Thomas Moore, F.R.C.S., Colonel Montefiore, Mr. H. N. Hamilton-Hoare, Dr. Gilbert Smith, Dr. Henty, Mr. Robert Frewer, Mr. Newton H. Nixon, Dr. Heinemann, Mr. C. J. Radley, Mr. Bunn, Miss Williamson, and others.

The minutes of the last general meeting having been read and adopted, Mr. C. J. RADLEY, late Secretary of the Metropolitan Provident Medical Association, now Secretary of the Medical Sickness Assurance Society, read the following paper, entitled

“What is the best plan for establishing Provident Dispensaries in due relation to the Hospitals?”

Mr. Radley commenced his paper by pointing out that the out-patient departments of all classes of hospitals throughout the country were abused by the very numerous class which was neither seriously ill nor unable to pay for medical treatment. There was, however, a large proportion of the population which required the friendly aid of the most liberal of all professions—the medical—because they could not afford to pay adequately for medical treatment. The establishment throughout the metropolis of a system of local dispensaries in co-operation with the hospitals, and the simultaneous reform of the present gratuitous out-patient system were two remedies for the present abuses.

Provident Dispensaries, as originally constituted.—The original plan of the provident dispensary was to bring into effective relationship the local practitioner and such of his poorer neighbours as were not fairly able to pay the regular fees, the medical officers in such cases being willing to accept an admittedly non-commercial payment, and claiming that only such persons as were contemplated should be allowed to avail themselves of the advantages offered. Another form of medical providence, chiefly fostered by the friendly societies, has had for its basis co-operative union among the members, and independent and business relationships between them

and their medical officers, the club-doctors. As a rule gentlemen in general practice undertake to attend on societies containing groups of adult male lives, at an insurance rate averaging about four shillings a year. In the large provincial towns co-operative medical institutes have been established to undertake the care of the members of a group of local friendly societies, with their wives and families (when desired), at insurance rates. It must, however, be borne in mind that these institutions are not as a rule open to the general public, and are conducted on the plan of retaining the exclusive services of one or more medical officers. Of course, here, as there is no eleemosynary element present, there is no limitation as to the means of the members.

The Metropolitan Provident Medical Association.—During the last three or four years a spirited and praiseworthy attempt has been made by the Metropolitan Provident Medical Association to combine the best features of these two systems, and bring the local resident practitioners, the general population, and the friendly societies into relationship by means of institutions founded on a basis of independence, without any limit as to the means of the members. It has effected a deal of good in certain localities, and done much to bring the subject into prominent notice, but has practically failed as a great metropolitan movement, and the causes of its non-success are worthy of consideration before formulating any new plan. No doubt one of these causes is the unwillingness of the friendly societies, as a body, to enter into the proposed plan, and their general preference—perhaps, after all, a wise one—to make such independent arrangements as they think best. The main cause of the non-success has been the coldness with which the plan has been received by the medical profession generally, on the ground that such organisations cannot rest on a just foundation unless they are confined to persons of limited means—in other words, that a provident dispensary should be a special method of dealing with a special class. It is only just to say that, so far, events have justified this contention, and that the proportion of work performed by the medical officers of the association to the remuneration received, is such as to render an assumption of the complete independence of the members untenable. A further fact demonstrated by the work of the association is that, unless the establishment expenses, rent, &c., are kept to the lowest possible point, such institutions require considerable pecuniary assistance during the first years of their existence, and this cannot obviously be properly asked for unless the means of the recipients are to be taken into account.

Conclusions from the Past.—If full consideration and weight be given to these facts, the conclusion appears to follow that

it is better to leave the foundation of independent co-operative medical institutions to those who desire them, and to allow the friendly societies to retain in the fullest degree the independence that has hitherto been a praiseworthy feature in their work; for to bring such organisations within the influence of pecuniary help they do not need, however good the intention with which it may be given, would certainly be a result to be deplored. When there is a real demand for such institutions among the large portion of the working classes who are able and willing to help themselves, the means and organising power to found them will doubtless be forthcoming; but it is in every way desirable the demand should precede the supply.

A Chain of Local Medical Centres.—If this is granted, there will remain a necessity for the formation of a chain of local medical centres for the treatment of that part of the population unable to pay ordinary fees on some special terms within their means. To be of any real effect, these must be general over the whole of the metropolis, and, at all events, as to leading principles on similar lines. It is necessary, then, to consider the leading features of their work. In any system that is to be widely adopted, and have far-reaching results, the opinions and interests of those on whose skill and co-operation the whole fabric must rest should be consulted. Nor need this be difficult. Medical opinion is already fully aroused and active on the subject; the profession has always been remarkable for public spirit, and the powerful and widespread British Medical Association is a proof of its capacity for organisation. If suitable centres were chosen, each embracing a moderate area, and opportunity afforded in each for all the registered practitioners in the locality who desired to do so to co-operate, there is scarcely room for doubt as to a successful result. It is, too, more than probable that if so beneficial a movement were once fairly adopted and started, ample honorary local assistance would be forthcoming to share the work of organisation. Without defining minor details, it may be said that each of these centres, when formed, should at least have an inexpensive establishment for the dispensing of medicines, receipt of payments, work of registration, etc., while the medical staff should appoint set times when advice could be obtained at their residences, care being taken to enable the benefits to be obtained without sacrifice of the ever valuable work-time.

Payments by Patients.—Naturally, the system of payment deserves some consideration, more especially as on this point theory and practice may not fully agree. The system which contains the greatest advantages for the members generally is that known as the truly provident—namely, the payment

of small insurance rates regularly, so as to secure aid when required without extra payment. Such a system has many obvious advantages; the only possible drawback being that perhaps it induces an unnecessarily frequent resort to advice and medicine which entails no immediate and direct outlay, and it may be advisable to make a small charge in such cases (say of 1d.) each time medicine is obtained, to minimise this probable defect of the provident system. Such a system would have considerable financial effect, as the examination of a number of returns from institutions where the prescribing is on a liberal scale, proves this charge would very nearly defray the cost of the drugs.

Small Ready-Money Payments.—If, however, the out-patient evil is to be cured, and the danger of driving the population into the arms of speculative cheap so-called “dispensaries” is to be avoided, it will probably be necessary to devise an alternative scheme for small ready-money payments in time of illness. The first is most likely to become general, as it is certain that any ready-money payment would, on the average, be more costly to the member than any payment on the provident scale.

A Complete and Co-operating Out-patient Reform.—With such a reform, the general hospitals, while retaining their present excellent in-patient arrangements, would refuse to receive any out-patient cases unless they came through one of the local centres. By this means the great need for decentralisation and local knowledge would be fulfilled, and the hospitals be placed in their true position of dealing only with unusual cases, or such as had been already examined by a general practitioner, and referred for a special opinion. These cases might be drawn from two classes. The ordinary members of the local centres, who, from the fact of their means being known to be comparatively small, and of their having voluntarily provided for their general medical needs, could fairly lay claim to share in the provision. There is still a belief, in some quarters amounting to superstition, in hospital treatment, which would prove a strong inducement to many to join these organisations. The local centres should undertake the scrutiny of all cases of persons not members desiring out-patient treatment. Thus, if each application, whether supported by a ticket or not, had first to be made locally to the registrar of the centre, he would be able from his local knowledge to judge fairly of the application, and the applicant could then be referred for examination by one of the medical staff, who would thus effectually guard the hospitals against the risk of having to deal with trivial ailments. In such cases a small fee might be charged, and an adhesive official stamp, showing the amount, attached to the paper of

recommendation, the ultimate disposal of such fees being a matter for arrangement. Doubtless this scheme gives considerable power to the local centres, but experience would prove this to be greatly to the advantage of the central medical charities.

Objections to Out-patients' Payments.—This necessity renders the suggestion for dealing with the difficulty by creating pay out-patient departments peculiarly unsuitable, for surely it is probable that if once the charitable character of the hospitals were replaced by a semi-commercial bargain—however inadequate the terms—an extra inducement to attend them would be supplied, and the number of out-patients, already far too great, would be much increased. There are also evident difficulties in properly combining such a system with charitable foundations and endowments, while it is scarcely probable, if it were at all generally adopted, that those who now give their professional skill would refrain from claiming some share of the revenue thus established. Such a system of aggravated centralisation would place certain sections of the medical profession in direct and unfair rivalry, would be of no benefit to the people, and do violence to the principles on the faith of which the wealth of the benevolent has been subscribed; while the creation of a wise system of localisation would do justice to the medical profession, be of infinite service to the sick and needy, and, by relieving our medical charities of undesirable and unsuitable work, enable them to become as powerful for good as they might and ought to be.

One Special Class: the really Poor.—There is, however, one special class—although it is hoped not a large one—which the proposed arrangement does not provide for—namely, those seeking gratuitous medical aid who are too poor to pay anything, and those in need of hospital treatment who are unable to pay even a small registration and examination fee. The rough and ready method out of this difficulty would be to turn these over to the poor-law medical officers; but there is a wholesome English horror of too readily condemning anyone to that pauperism which socially degrades a man and deprives him of the ordinary political privileges of citizenship. For such a class, should it prove to be necessary, some special arrangement might be made, as certainly no reform, however beneficial its general effects, would deserve approval if it tended to render harder the already heavy lot of the extremely poor. There is no doubt, however, that any scheme of the character only too imperfectly outlined in this paper will have to be perfected by time and patience, and, in common with so many of our social institutions, adapted to circumstances as they arise.

DISCUSSION.

The CHAIRMAN, on the conclusion of the paper, read a letter he had received from Canon Erskine Clarke, in which he said, "I am prevented by another meeting from being present at the Hospitals Association gathering, in the subject of which I take special interest. Had I been present I should have liked to remark on the success of the Battersea Provident Dispensary, which led to the establishment of our Bolingbroke House Pay Hospital. I have been to-night at the annual meeting of the Battersea Dispensary, and I enclose a rough proof of the report we adopted, from which you will see that we had the pleasure, after all expenses were liberally met, of handing over £892 to our medical officers. We have also in the district another provident dispensary, which is practically the out-patient department of Bolingbroke House Pay Hospital, and which has about 1,200 benefit members. It is situated in a less industrial parish of Battersea. We find that the members are often ready to pay 10s. a week or more for the treatment of their sick in Bolingbroke House."

Mr. W. BOUSFIELD thought that any expression of opinion from Mr. Radley on this matter deserved great consideration. There had been, for a number of years, a feeling among philanthropic persons that some change was needed, and those who had to do with hospitals felt that there was a great abuse in the over-burdened out-patient department. But hospitals were charitable institutions, and the philanthropic persons connected with them do not wish to apply drastic measures. The medical committee of the Charity Organisation Society had considered the matter for two years, and had come to the conclusion that some arrangement ought to be made between the medical profession and the hospitals and friendly societies. He thought that the best theoretical system was that there should be in every district of London provident dispensaries, to which the members should pay monthly contributions, so that in time of sickness they could receive free advice, and, so as not to injure the medical practitioners of the neighbourhood, it was arranged that the staff should be chosen from their number. He agreed that the difficulties of the dispensaries arose from the fact that they had not secured the support of the medical profession. The neighbouring practitioner thought the movement would not be for his advantage. Eleven of these institutions had been founded in London, and had all met with the same difficulties. He thought the want of sympathy arose simply from a want of knowledge on the part of the medical men. He believed, however, that the co-operation with the hospitals (which Mr. Radley seemed to imply) would be impossible, at all events, for the present. Of course the question might be left to the working classes themselves; and, if the attempt to harmonise the views of the medical profession, the general public, and the working classes, did not succeed, then they would have to wait to see what the working classes had to say for themselves. He had faith in their ability and that in the end they would succeed, though not without considerable friction with the medical profession.

Mr. NEWTON H. NIXON, as a hospital secretary, had watched the question with considerable interest. He would like to see the dispensaries in London extended; but in regard to the abuse of the out-patient department of hospitals, he thought it was mainly attributable to the treatment people received in dispensaries. He said this without any reflection upon the attendants, but was of opinion that if a hospital staff was transferred to the dispensaries, the abuse of the out-patient department would cease. There was not so much necessity for dispensaries while the out-patient departments were scattered over London, and he was therefore in favour of an extension of the latter class of institutions. In connection with University College Hospital, there was a provident dispensary on a large scale, and there was also a fund, called the People's Contribution Fund, which enabled a man to get all he wanted, and by paying for it. This, he thought, would meet Mr. Bousfield's remark that the working classes would attach themselves to some really

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provident institutions. In conclusion, he recommended the system of having at hospitals an official to enquire into the financial position of patients.

Dr. GILBART SMITH, who was called upon by the Chairman, said that there was no greater subject with which the Hospitals Association could deal. He hailed Mr. Radley's paper as another well-meant effort to try and knock something out of the matter, but while seeing much in the paper to agree with, and very little to disagree with, yet that little was the most important thing in it, viz., the means of dealing with the question. The co-operation of the hospitals was the cream of the whole matter, and it was the very point which he feared they should not be able to meet. He had worked for fifteen years in the out-patient departments. Mr. Nixon had told them something of what had been done at one hospital, and he would now describe that at the London Hospital. They had there a series of marks with which they stamped the patient's letter, e.g., if the patient had to come again, they stamped it "further treatment necessary." At first that had diminished the number, but lately it had been increasing. They had held several meetings at the London Hospital as to how far they should work in harmony with any provident dispensary. He thought the idea of making hospitals a truly consultant department in connection with the provident system was entirely unworkable, especially in the East-end of London. He contended that it was in no way an easy matter for an official to say in a moment which were serious cases and which were not. He thought also that the proposed system would lay the whole thing open to be worked on dishonest lines, and that no hospital staff or lay committee would adopt it. They were not handling the question in the right way. The only direction in which he saw light was in a better system of registration. He took for granted that they could not expect payment from all out-patients, but if they did they would do great harm to the public, and the present abuse would be increased. At a small dispensary with which he had been connected, and where the pay system had been tried, he found that though there was abuse among those who did not pay, and could have afforded to do so, there was a much greater abuse among those who did pay, and could have paid much more. If they introduced the provident dispensary system all over London, and enforced payment in the out-patient department, the abuse would grow and grow until it would be impossible for a medical man to earn a livelihood in the metropolis. While admitting the evil, he thought they had yet to learn how to deal with it, and urged the necessity of the hospitals establishing a better system of registration, which should really exclude from the out-patient department persons who could afford to pay.

Mr. H. N. HAMILTON-HOARE said he thought the question had ceased to occupy speculative ground, and had become a practical question in London. He expressed himself opposed to the idea that the feeling of charity was supported largely by the working classes, and he could not understand how a set of gentlemen could get up and advocate, in medical matters, a system of charity, which, he considered, was the first seed of pauperism.

Mr. BUNN said he had come to that meeting because he believed that any paper by Mr. Radley on the subject would be worth listening to, but it appeared to him that the paper had left them very much as it had found them. The only thing that was new in Mr. Radley's scheme appeared to be that the patients should have the house of the medical man as the place for consultation, and some small local place for obtaining drugs, registering membership, and paying the contribution. The medical men, he thought, would object to this at the outset. He quite agreed that the persons who were treated upon the scale of contributions that are generally charged at provident dispensaries should not belong to a class who are able to pay medical fees. At Rotherhithe they had been told by the medical men that the scheme would practically take away all their ordinary patients. He advocated the system of wage limit, and said if they desired the co-operation of medical men, they must consider their interests. Besides working at the scheme as a whole, what he required was some arrangement by which the large hospitals should be willing to receive

the patients they were frequently ready to recommend to them. He was surprised at the suggestion of ready-money payment, but thought a small fee might be charged in addition to the ordinary contributions. It was the tendency of members to get as much as they could for their money, and if Mr. Radley's ideas of paying 1*d.* were adopted, it would prevent their coming unnecessarily.

Mr. C. J. RADLEY, on being called upon to reply, said he would ask them for the future purpose of the movement to attempt to cut the working classes in two. There were the independent working class, who were perfectly able to help themselves, and the needy poor, or half-poor, to whom the medical profession were ever ready to extend their services; to put them on the same footing was not right. He contended that nobody had a right to hospital treatment unless they were too poor or had a special ailment. Hospitals were to a large extent charities, and when a man had given 1*s.* to the hospital, he had not paid for what he was receiving. Dr. Smith had fallen into an error. He (Mr. Radley) did not advocate a paying out-patient department, but he contended that the department should be the local centre. Nothing could be more unfortunate than to make hospitals great trading centres; he only suggested an inquiry in that locality from which the people came. With regard to Mr. Hoare's question, whether the working classes could help themselves, he thought that the great bulk of them, who formed the friendly society population, were able to do so, and it was a pity to do for them what they could do for themselves. There was another class unable to help themselves, and the endeavour to mix them did considerable harm. He also advocated co-operation with the hospitals. He condemned the system of dispensing charity indiscriminately, and approved of a system of testing the means of patients.

The CHAIRMAN said they all had reason to thank Mr. Radley for his paper. He was sure they all desired to agree with him, in his means, and to co-operate with him in his end. He (the speaker) had listened with dismay to Mr. Bousfield, when he told them that the co-operation of hospitals was unattainable. If that was so, the Hospitals Association had better shut its doors. Without hospital co-operation, the out-patient question could never be settled. He believed that this end would ultimately be obtained. He heard that Guy's Hospital was opening its out-patient department to everybody who paid 3*d.* He should have thought that such a practice was illegal. The question of the patient's pecuniary position was subordinate to that of the treatment he should receive. The first reform necessary was that the patient should be sent to the department by medical authorities, and their number should be strictly limited. He quite agreed with Mr. Radley that they should endeavour to divide the working classes as he had suggested. The system practised at Guy's Hospital ought to be protested against, and they should endeavour to persuade the governors to stop a system which would only aggravate the evils of which they complained.

Dr. GILBART SMITH moved the following resolution :—"That this meeting requests the Council to draw and prepare some scheme dealing with the question of out-patient relief, with the view of obtaining the co-operation of the hospitals in the matter." The resolution was seconded by Mr. Bousfield, and carried.

THIRD GENERAL MEETING, FEBRUARY 18th, 1885.

THE third general meeting for the session was held at No. 1, Adam Street, Adelphi, on Wednesday evening, February 18th. The chair was taken by Sir Edmund Hay Currie, and among those present were Dr. Bristowe, F.R.S., Mr. Denny Urlin, Dr. Roberts Low, Mr. Shirley Murphy, Colonel Montefiore, Mr. Rowland Hamilton, Mr. W. M. Murray, Dr. James Johnston, Mr. R. Hedley, Dr. A. Turnbull, and Mr. Newton H. Nixon.

The minutes of the last general meeting having been read and adopted, Dr. P. MURRAY BRAIDWOOD read the following paper on

“Hospital Ships.”

Definition.—By Hospital Ships are meant sea-going vessels, propelled by steam, specially constructed and adapted for the treatment of the sick and wounded. Whilst very great advance has been made during recent years, especially since the Crimean campaign and the civil war in America, in the treatment of wounds and accidents among our shore population, and in the proper conveyance of such wounded persons to hospital, very little attention has been given to the comfort of patients treated “on board ship.” Dr. Braidwood's contention is that, for the transportation of sick and wounded persons by sea, regularly equipped and specially furnished “Hospital Ships” are now requisite. Confirming this view, Surgeon-Major G. J. H. Evatt, M.D., says:—“It is absolutely essential at the outbreak of a war to have a definite plan ready in the War Office for the equipment of this class of vessels, and that their staff of attendants and interior economy should be completely understood.”

Present System.—The method now adopted by our Government is—to invite the leading shipping firms to grant the use of some of their largest steamers on hire (*i.e.*, to charter them at the lowest freight rate). Vessels are selected which are roomiest 'tween decks. “The main deck is generally converted into the hospital, and cots, or portable hanging bedsteads, so arranged as not to swing with the motion of the vessel, are here suspended in regular lines. A certain portion of the space is usually screened off for sick officers, as special accommodation. The convalescent patients are lodged in a

lower, or gun deck, and the hospital attendants are also berthed in the same deck.”—[EVATT.] Having pointed out that old houses are ill adapted for hospital purposes, and that specially erected buildings are recognised as necessary for shore hospitals, Dr. Braidwood proceeded to urge that, for hospital purposes, new ships were necessary for use at sea.

Bibliography.—The most recently published works on hospitals do not refer to this subject, or devote only a few lines to it. Dr. F. Oppert, in his work on hospitals, says—“Ships should not be used for hospitals in time of peace. It is advisable to place fever cases and contagious diseases on separate ships. The hospitals should be well ventilated, and the greatest care bestowed on cleanliness and disinfection.” Messrs. Mouat and Snell’s expensive work on “Hospital Construction and Management” contains no reference whatever to hospital ships. Surg.-Maj. Bleckley’s report on the Victor Emmanuel (1873) is not procurable, but the illustrations of this vessel show that this steamer was not a hospital ship of Dr. Braidwood’s type.

A Special Organisation necessary.—Dr. Braidwood desired to impress on his hearers that a special organisation, similar to that termed “Ambulance” on shore, should be established for the treatment of sick and wounded persons at sea, and that special arrangements should be made for such patients. Whether for temporary treatment, for detention during longer spaces of time, or for treatment in mid-river, these steamers would be equally serviceable. Dr. Braidwood’s steamers would serve either as—

- (a) Ambulance ships, of any size, but in motion.
- (b) Isolation ships, at anchor, or in motion, for infectious cases.
- (c) Stationary ships, anchored off unhealthy coasts.
- (d) Convalescent ships, moored near large towns, receiving patients from them, and then going off for a longer or shorter cruise.

When not needed for hospital purposes, these steamers would make excellent transport vessels.

An Ambulance Hospital Organisation.—It is desirable to have such an organisation at sea, analogous to that so wonderfully perfected during recent years for the care of sick and wounded persons on land. A division of labour (a law of nature) permits of more work being accomplished well. If the tending of the sick and the feeding of the healthy be looked after by the same individuals, neither receives the undivided attention it requires. When conducted on a large scale, the nursing of the sick should be separated from the commissariat department. For the carrying out of this principle, it is requisite to have a definite organisation. The

proper and efficient treatment and nursing of sick and wounded persons "on board ship" necessitates the arrangement, not only of an efficient naval medical service (such as we have), but also that of an equally efficient naval nursing service (such as we have not). The medical care (by nurses, as well as by doctors) of sick and wounded persons on board ship, should be managed by an organisation entirely independent of extraneous influences, disconnected from any other Government department, educated to its special work, and devoting its entire energies to such work. Next, as to the abodes in which this work is to be carried on. A certain and smaller portion of it can be conducted on shore, but much the larger part forms a continuous routine, which must take place on board ship. To do so, special arrangements are required. Not only must the service which performs this work be "on the spot," but there must be ready at command the necessaries for the work; not only must the medical and nursing staff to attend on the sick and wounded on board ship be in proximity to the patients, but they must have at hand the various apparatus and conveniences they may require in their work. In the drawings exhibited these ends were met.

Dr. Braidwood's Drawings.—The steamers sketched are so arranged that the comfort of the patients is the primary consideration. To meet this, the propelling power (the engines) is located out of the way, as near as possible to the stern of the vessel; a lift, worked by steam power, and admitting of two patients being lowered together in their beds, carries the patients on board the hospital ship, and lowers them into the deck in which they are to lie; the best and largest portion of the steamer is arranged as wards; on each deck, not only is the nurses' room in immediate proximity to the ward, but there are also one or more surgeon's rooms, a dispensary, a ward kitchen, laundry, and other necessaries. As compared with the *Victor Emmanuel*, Dr. Braidwood's steamer differs by arranging for a number of patients being treated in one compartment, and watched over by a nurse, or nurses, who, from living next to this compartment or ward, have a constant oversight of its inmates. The officers (both those sick and those in health) are accommodated in the best part of the vessel—the stern. Many details, including such important matters as ventilation, heating, painting of the various cabins and wards, were purposely not arranged for, until a steamer was built on the plans shown. The doctor's wish is to see steamers of larger and lighter draught built, on the principle here enunciated, and after the general type represented and utilised for the treatment of sick and wounded persons at sea.

Spar Deck and Shade Deck Ships.—Two of the designs represented vessels of different classes or types, viz., what are known as “spar deck” and “shade deck” vessels, but of the same general dimensions. Each to a certain degree has special merits that the other has not, and each may be made available, or adapted, according to the requirements of the special service for which they may be used. *Plan “A”* represented the “shade deck” vessel, the special feature of which is that this plan affords the best means of lighting and ventilating the lower wards through continuous skylights arranged along the outside of the wards. One of the disadvantages of this plan is that the space occupied by these skylights contracts the cubic space and makes the wards on the deck above of a smaller size than they would otherwise be. This sacrifice of space is avoided in plan “B” somewhat to the detriment of the ventilation of the lower wards; for this has to be obtained by means of openings or windows in the vessel’s side, which must necessarily be closed in bad weather. *Plan “B”* showed the “spar deck” vessel, which gives much greater deck area than the former, and larger wards in the main or upper deck. These wards occupy the full width of the vessel, and, like those on the lower deck, are fitted with ventilating shafts passing through them to the lower wards. In considering the relative merits of these two classes of steamers, if built entirely for service as hospital ships, the preference should be given to the one which affords the most advantages. In each instance ample accommodation can be provided for all the accessories, and necessary room for servants, dispensaries, linen and food stores, laundry, suitable kitchens, and all the requisites for a complete service of attendance (usually provided in modern shore hospitals), and these can be arranged in immediate proximity to the several wards. Complete isolation can also be obtained, because of the vessels being sub-divided by entire water-tight partitions, or iron bulkheads, extending to the upper deck. It was suggested that these should not have any doorways through them such as are usually fitted in similar water-tight partitions. In plan “B,” owing to the removal of the long skylights, the wards in the upper deck occupy the full width of the ship, and consequently are much larger and more commodious than those in plan “A.” The uppermost wards of all (those in the long deck houses) are exposed to the open air, and are pretty much the same in both types of vessels, affording about the same accommodation in each instance. But, with a view to employing these vessels for a totally different purpose than that of hospital ships in time of war, they can be utilised for the carrying of infantry troops, and, in such an instance as this,

the vessel with the largest available deck area would afford the most advantages. These are found in steamers built on the type of the plan "B," and it was therefore recommended as being the best model for a hospital ship, both on account of the additional facilities that such steamers afford through their more commodious accommodation, and on account of a larger deck area in the eventuality of the vessel being put to the service of carrying troops. Now, the advantages I have described are obtained at a certain sacrifice, viz., at a sacrifice in speed. In the carriage of sick and wounded persons, when properly cared for, loss of time is not an important consideration. Hence, in place of locating the motor apparatus (the engines) of hospital ships about the centre of the vessel (as is done with steamers constructed for speed), they are placed as far aft (or to the stern) of the steamer as may be allowable for the balance of the vessel. This arrangement permits of much more space being devoted to the wards. Lastly, the hold of the vessels designed for hospital ships contains large apartments for "medical stores." In these spaces it is proposed that the requisites for erecting and fitting up a shore hospital should be carried. This amount of room will be sufficient for storing the portions of an iron-built hospital to accommodate 300 patients, and the provisions, bedding, etc., they may require. The steamers depicted in the drawings were of light draught, and would be able to ascend most rivers, so that if war were raging at a seaboard, or near a large river or lake, one of these steamers could sail up to a spot nearest the seat of battle, would be ready to receive any sick or wounded, and would convey the necessaries for erecting on shore a hospital for 300 patients.

Proper Treatment and Comfort.—It is important to bear in mind that such steamers as are here represented not only afford the necessary accommodation and appliances for the proper treatment of sick and wounded persons, but they supply certain arrangements which afford comfort to the patients, and facilities for their movement—*e.g.*, each ward has a room for the nurse in charge to overlook its inmates; each deck has a dispensary and doctor's rooms, as well as a small kitchen in which to prepare the food for the patients, and a lift is arranged to gradually let down the patient in his bed, to whichever deck he is apportioned. Some may argue that on board ship sufficient air space is not afforded—cannot be afforded—for the treatment during a long space of time of sick and wounded persons. This reasoning is based on a comparison with the space requisite on land. But it must be borne in mind that a steamer being constantly in motion, there is thus obtained a quicker continuous

circulation of air than through a like amount of space on land. Our knowledge of such matters is, as yet, primitive; but, in the designs shown, there was represented twice as much cubic area (floor space) to each patient as is given to a saloon passenger in one of the first class steamers. We have no gauge by which to calculate how many cubic feet of air each patient in a hospital ship should have, but, taking superficial area as our guide, we get this result.

VARIETIES OF HOSPITAL SHIPS.

The modifications needed that steamers of the type described might be utilised for the four medical purposes mentioned before. A vessel of the tonnage shown could ascend most rivers, and would be serviceable on lakes. It would accommodate about 250 patients.

Ambulance Steamers may be built of any size, of light draught, to accommodate a small number of sick or wounded persons, but provided with the medical comforts described, thus corresponding to the ambulances in general use now on shore.

Isolation Ships, for the treatment of infectious diseases, might be used either stationary or in motion. In such, much more cubic area must be given each patient, and special arrangements for disinfection would be required.

Stationary Hospital Ships for the treatment of the sick near unhealthy coasts would need to be arranged so as to allow of free ventilation, and they also would accommodate a comparatively small number of patients. These vessels would take the place of those hospitals where it is found expedient to treat patients (*e.g.*, on malarial seabords) in mid-river or in the centre of a bay rather than on shore.

Hospital Ships for Convalescents.—These would form a new procedure; in place of the convalescents from our hospitals being admitted into specially arranged buildings, situated in the outskirts of our densely populated towns, vessels specially arranged might be used to convey such patients for longer or shorter intervals of time out to sea—subject to the weather. Probably more convalescents could be accommodated in one of the proposed steamers than patients, and the advantages of sea-air cannot be over-estimated. The only objection thought of to the scheme just described is that of expense. In reference to the carrying out of this plan for a naval ambulance service this drawback is urged—that it affects the national purse. However, Dr. Braidwood believes steamers built after the type described would be found in the end to be the cheapest as well as the most efficient. No data, which would enable a comparison to be made between the hiring and converting of ordinary steamers into, and the construc-

tion and maintenance of steamers especially adapted to serve as hospital ships, was procurable ; but the information obtained leads to the conclusion that it would be much cheaper to build steamers as hospital ships than to convert ordinary passenger and traffic steamers. The cost of the Carthage during the last Egyptian campaign would have more than met that of the building and fitting-up of a hospital ship which would have provided for the proper and comfortable treatment of a much larger number of patients than were treated in the Carthage. If a Government is allowed to expend a quarter-of-a-million of pounds on the building and equipment of destructive vessels like the Agamemnon and Ajax, it will not be blamed, but rather commended, for spending £60,000 or £80,000 in the construction of a hospital ship. These vessels, moreover, are for permanent and not for temporary employment, and can be fitted for various useful purposes. Steamers of the type represented can be easily utilised for transport service ; but such an alteration of their purpose, as regards cavalry transport, would be objectionable. For this the employment of an ordinary ocean-going steamer seemed to Dr. Braidwood to be preferable. The principle illustrated by these drawings is one worthy of earnest consideration, and one it is requisite in the progress of science should be carried out.

DISCUSSION.

Mr. DENNY URLIN, of the London School Board, who was called upon by the Chairman, said events now travel so rapidly, and war breaks out so quickly, that it appeared to him that such vessels ought at once to be built, and that we should not wait until it might be too late to complete them. Dr. Braidwood's paper had convinced him that preparation ought to be made, but, with regard to the particular kind of vessels, he thought that very likely naval men might tell them that ships built for hospital purposes could not be safely sailed where war might require. It occurred to him that Dr. Braidwood seemed to think that the steam engines might be put close to the stern. Such was not the case. Experience was scarcely necessary to show that the steam apparatus could not be put in the stern, but must be nearly in the middle. They could not build a ship without regard to the naval architect. He should be consulted before the doctor. His (Mr. Urlin's) opinion was that the hospital ship must be one capable of being moved to any part of the world where war might require.

Mr. W. M. MURRAY thought that some of the remarks of the last speaker would hardly apply if they rightly considered Dr. Braidwood's paper, because he had clearly stated that the vessels would not be unfit for sea service, but be suited in every way to go on a long voyage. They were constructed on modern principles. He (Mr. Murray) did not deny that wars occurred in the middle of continents; but he thought that the patients should be taken to the sea-board, and in that case the vessels would be necessary, just as much as if we were at war on the sea-board. As to the engines being near the stern, he supposed Dr. Braidwood must have made some enquiry as to the feasibility of such a plan before proposing it in his paper. He did not suppose they would be placed so far astern as to counterbalance the construction of the ship. It

had been clearly shown that the ships could be utilised for transport ships, which was a great argument in their favour, and would do away with the objection to their being simply and solely treated as hospital ships. The paper was well worthy of consideration, and he hoped the Government might be induced to consider such a scheme, as the arrangements in our ships had been, heretofore, of a very unsatisfactory character.

Dr. JAMES JOHNSTON had listened with great interest to the paper, and thought the question was a most important one for the Government to consider at an anxious time like the present, when we have a large army in Egypt, and the difficulties in transporting the sick and wounded would no doubt be considerable. It appeared to him that the troop-ships might be constructed so as to allow their being fitted up for hospital ships, and that was the direction in which the Government would be most likely to move. The question was whether the vessels proposed by Dr. Braidwood could be made sufficiently powerful to contend with bad weather and make long voyages. His experience was not in favour of stationary hospital ships. He had been acquainted with one of Her Majesty's ships in China, which became tainted in consequence of having on board numerous cases of dysentery, and had to be done away with. He thought stationary hospital ships were a mistake, unless they withdrew the ship after a year or two, and put a new one in its place. Of course ambulance ships were indispensable, and the Government had had good experience, during the last wars, of their value. He was surprised to see that so few steps had been taken to provide for the number of sick and wounded during our campaigns. He hoped Dr. Braidwood's paper would attract the attention not only of the authorities, but of the members of the military profession, and of all those interested in the welfare of our sick and wounded.

Dr. BRISTOWE, who was called upon by the Chairman, said it was a subject of which he knew very little. He had, however, a feeling against going to undue expense in works of this kind. Though he admired all the new hospitals that were built, he thought they were built very extravagantly. Architects went to needless expense, and there was a tendency to build palaces instead of hospitals, which would just meet the requirements. This, he thought, was at the bottom of the difficulties hospitals had in maintaining themselves. It was desirable to look to the question of expense.

Dr. A. TURNBULL was of opinion that the question of expense would be the great difficulty in carrying out Dr. Braidwood's proposals. The *Victor Emmanuel*, a line-of-battle ship, had been converted, at great expense, into a hospital ship, and sent to the coast of Ashantee. He had no information as to how she answered, but he believed that the Government then decided that it was too expensive to provide hospital ships, and in subsequent actions, when one was required, they chartered a large merchant steamer. He did not think that the idea of a hospital ship cruising had ever before been entertained, and hardly thought it would be practicable. The hospitals required by the public service at Alexandria, and now at Suakim, are stationary ships, chiefly because there is no hospital accommodation to be got on shore.

Mr. SHIRLEY MURPHY wished to plead for some better accommodation being made in the ordinary passenger ships, as nothing could be more deplorable than the absolute want of accommodation for the sick.

Dr. BRAIDWOOD was then called upon to reply. He assured Mr. Denny Urlin of the safety of the ships he proposed in bad weather, and said that the plans had been carefully examined by gentlemen thoroughly conversant with the matter, and drawn up by special draughtsmen. With regard to the position of the engines the vessels were perfectly safe. The extra accommodation for patients was gained by a sacrifice of speed. The next speaker had referred to ships that had become tainted; that was an experience which many medical men would give in regard to private buildings converted into hospitals. Vessels constructed specially as hospital ships could be made to escape that evil. He was afraid Dr. Bristowe's remarks about the extravagance in building modern hospitals could not be denied. He saw no reason why hospitals should

not be built as cheaply as private houses. Referring to Mr. Murphy's remarks, he said that the want of accommodation complained of was only to be found in the vessels of some of our shipping firms. The P. & O. Company and other large firms had special accommodation for the sick. At the same time, Mr. Murphy was right in saying that some attention should be given to the subject.

The CHAIRMAN thought that there never was a time when an address on the subject of hospital ships was more acceptable, and Dr. Braidwood deserved well of his country. It was a matter that called for the earnest consideration of the Government. His own experience was with ships dealing with infectious disease, and he thought that the magnificent hospital ships we have down the Thames had been the saving of London in the case of the small-pox epidemic.

The CHAIRMAN concluded by moving a vote of thanks to Dr. Braidwood, which was carried.

A vote of thanks to the Chairman was moved by Colonel MONTEFIORE, and carried.

Before the meeting broke up, the SECRETARY announced that the next meeting would be held on March 18th, when Dr. Bristowe would re-open the question of the out-patient department. Prior to that, however, viz., on March 11th, the Annual General Meeting would be held.

**FIRST ANNUAL GENERAL MEETING,
MARCH 11th, 1885.**

THE first annual general meeting was held at No. 1, Adam Street, Adelphi, on Wednesday evening, the 11th March. The chair was taken by Sir Andrew Clarke, Bart., M.D., LL.D., and there was a representative attendance of members, amongst those present being the Lord Brabazon, General Keatinge, C.S.I., V.C., Dr. Bristowe, Dr. Gilbert Smith, Mr. W. J. Nixon, Mr. Newton H. Nixon, and others.

The Secretary read the first annual report, a copy of which will be sent on application to the office, 1, Adam Street, Adelphi, W.C. After referring to several papers which had been read to the Association, the report added that the general meetings held during the session of 1884 were largely attended, and augured well for the success of the Association. In regard to the financial position of the Association, the audited statement of receipts and expenditure showed a cash balance in hand of £23, in addition to a reserve fund of £150 invested in Three per Cent. India Stock.

Sir ANDREW CLARKE, Bart., in proposing the adoption of the report, stated that he had listened to it with a great deal of pleasure. Having full regard to the difficulties which the Association had necessarily encountered in starting he thought it the best report he had ever listened to, and that it showed an amount of good work well done which, in the circumstances, was beyond all praise. Three points struck him in regard to the report, and they were these:—(1) the originality of the Association itself; (2) the position it took up in regard to the great work of charity; (3) its position in relation to the origin and advancement of knowledge. The Association, he held, was established on a basis of common sense, but, like all such associations, it had at first to meet with a large amount of opposition. This being well encountered on the side of the Hospitals Association had led to great progress on its part. There were men in these days who were of very determined tendencies—men of crotchets, whims, pure fallacies, which they held to with great tenacity. Men of this stamp had had their fling at the Association—he had heard them himself—and they had ridiculed it, stating that one of its objects was the destruction of those great hospitals with which London abounded, and which, he declared emphatically, were the safeguards of medicine and surgery. (Hear, hear.) The views of the Association, as he took them (and if he had reason to believe that they were otherwise he would not have been at that meeting, and certainly not in that chair, that evening) were views distinctly conservative and constructive. It neither wants to introduce crotchets, nor aims at the destruction of existing objects. Its sole endeavour is to make existing institutions more useful to the sick, more serviceable to the general public, and more instructive to the medical profession. As regarded the second point he had mentioned, the relation of the Association to the great work of charity, it was no secret that the support heretofore given to charitable institutions in this country had, in the main been falling off, and serious views had come to be entertained as to State interference with, and State management of, our public hospitals. One of the charges which were brought in connection

with this matter, and which were advanced in support of such State patronage, was that there was no intercourse between the hospitals themselves, in regard to the oftentimes extravagant expenditure which those institutions contracted, and that there was consequently a want of knowledge on the part of the hospital authorities, which might otherwise enable them to encounter opposition in that regard. The Association saw this with regret, and they set themselves in the tide against it. They would in no wise diminish charity, but, on the contrary, were desirous that it should be revived in its widest sense, because they felt that it was just and beneficial, and that it should be as little full of envy and as much filled with good as was possible. (Hear, hear.) In the third place, he (Sir Andrew Clarke) had heard it publicly stated that the Association was working with the ulterior view of breaking up the existing hospitals into smaller hospitals. Emphatically he believed the opposite, or, as he had before stated, he would not be there that evening. He looked upon the great hospitals as essential to the maintenance of medical knowledge. If they were done away with medical knowledge would not merely stand still, it would retrograde. It was in such magnificent institutions that knowledge originated, and that it was tried. The work performed there was publicly done, and it was open to healthy criticism, which would not, and could not, be the case in smaller hospitals.

The hospitals of the metropolis were at the present time sorely lacking support. The reason of this was the appearance of a new disease in the philanthropic body, which he would designate by the name of a cancer. In the human body there were two lives, the individual life and the natural life, and it was essential to the well-being of our organism that the body should be in perfect health. Now and then, however, little parts of our organism took it into their heads that everything was not going on satisfactorily, and they thought they could manage better if the power were in their hands; so they commenced by exciting their neighbours to action, and presently there was a row, and in the result these poor little parts only succeeded in doing injury to the body which they inhabited. So it was with the philanthropic body. Here and there there were zealous persons who were not satisfied with things as they were, even when there was nothing amiss, and who would only be content when everything was dragged into the light with a view to being put right by their own crotchets. If their views were not adopted, off they went and told their friends a pretty tale, the end of which was a great falling off in subscriptions, the growth of the cancer to maturity, and, perhaps, the destruction altogether of the institution deemed to be in fault. If, however, anyone hereafter considered that he had any grievance he would only have to come to the Hospitals Association, where he would find that his particular complaint had been considered, tried, and settled. In fact, the crotcheteer would be crushed by the Association, which would be only one part of the good it would do. He was confident there was a great future before them, and much prosperity. He viewed with approbation the formation of the two practical committees referred to in the report, for he augured from them good progress in the future. Finally, he could not resume his seat without paying eloquent testimony to the untiring zeal, judgment, and ability of the officers of the Association, and especially of Mr. Henry C. Burdett. (Hear, hear.) He referred to that gentleman in particular, as his services had been both invaluable and inexhaustible, and he trusted, in doing so, that he would create no jealousy among others, who had all worked hard and brought about the successful report they had listened to that evening. (Cheers.)

Mr. BURDETT, in seconding the motion, said that the real object of the Association should be to promote co-operation by enlisting the sympathies of all who were engaged in the management of charitable institutions, with a view to the reduction of expenditure, the increase of experience, and to render the power for work of such institutions larger than it was at present. He thought that the offices of the Association should be made a centre of information, to which all who were interested in hospitals might apply with the certainty of getting precise and exact information—facts, and not mere

opinions—on the subject they wished to consult about. To this end he would suggest that a collection should be made of the various forms of contracts and other documents in use at the different hospitals, and that all books and works of reference relating to such institutions should be brought together and deposited in their offices.

On the motion of Mr. NIXON, seconded by Mr. VINCENT MERCIER, the following gentlemen were elected as members of the Council, in place of those retiring: Mr. R. B. Martin, M.P., Mr. G. W. Potter, M.D., Mr. Francis S. Powell, Mr. W. Cuthbert Quilter, and Mr. J. C. Steele, M.D.

The following officers were then elected unanimously—VICE-PRESIDENTS: Right Hon. the Lord Aberdare, F.R.S., Sir T. Fowell Buxton, Bart., Sir Andrew Clarke, Bart., M.D., LL.D., and Major Ross, M.P.; TREASURER: Mr. J. H. Buxton; TRUSTEES: Mr. J. S. Bristowe, M.D., LL.D., F.R.S., Mr. Henry C. Burdett, and Mr. J. H. Buxton; AUDITORS: Mr. Newton H. Nixon, and Mr. R. Ruthven Pym; HON. SECRETARIES: Mr. J. L. Clifford-Smith and Mr. J. S. Wood.

It was resolved that the thanks of the Association be given to the vice-presidents, council, and officers. Mr. Burdett said both the secretaries were gentlemen of the highest ability, and of great tact and good judgment, and from their collaboration much good was expected.

General KEATINGE, C.S.I., V.C., proposed, and Dr. BRISTOWE, F.R.S., seconded, a vote of thanks to Sir Andrew Clarke, for his services in the chair. The vote was carried with acclamation.

FOURTH GENERAL MEETING, MARCH 18th, 1885.

THE fourth general meeting for the session was held on Wednesday, March 18th, at No. 1, Adam Street, Adelphi. The chair was taken by Sir T. Fowell Buxton, Bart., and there was a large attendance of representative Hospital Managers.

Dr. J. S. BRISTOWE, F.R.S., read the following paper, entitled :—

“A Re-Discussion of the Out-Patient Question.”

THE WORK TO BE UNDERTAKEN.

It has been stated that, exclusive of the gratuitous relief afforded by the hospitals of the Asylums Board, and by the parochial infirmaries and dispensaries, one million patients, numerically a fourth part of the population of the metropolis, annually receive gratuitous medical treatment at the metropolitan hospitals and dispensaries. And it must be admitted that if one simply adds up the figures relating to this subject, as presented by the various institutions referred to, and assumes that each figure represents a different cockney, the statement made appears to be confirmed. But it has been pointed out over and over again that this method of treating these figures is wholly misleading. Different institutions estimate the numbers of their patients on different principles ; in some instances every attendance of a patient is tabulated as a patient, and probably in no case is a patient allowed to hold an out-patient letter for more than a month or six weeks without being required to have it renewed, and thus to become, for statistical purposes, a fresh patient. According to this method, many persons, when attendance is much prolonged, grow into half a dozen or even a dozen patients in the course of the year. Again, many patients, especially such as labour under chronic or incurable illnesses, migrate from hospital to hospital, and thus probably come to represent, in the same period, two or three different patients at each of two or three different hospitals. Further, it is not a very uncommon thing for a patient with several distinct ailments to attend at the same time at two or three hospitals, or at more than one department of the same hospital, and thus to constitute two or more contemporaneous statistical units. It is easy to see how, in these several ways, the

actual number of patients receiving hospital relief becomes largely exaggerated ; and one may therefore be pardoned for suspecting that the estimated million represents no more than one or two hundred thousand *bonâ fide* patients. It may also be pointed out that no inconsiderable number of hospital patients come from beyond the metropolitan area, and even from the country, and that the subtraction of these would still further reduce the proportion of metropolitan sick, receiving gratuitous hospital assistance, to the total metropolitan population. It is, however, sufficient for my purpose, while admitting that the numbers are large, to show that the figures which are often adduced are untrustworthy, and the facts of the case grossly exaggerated by them.

THE PROPORTION OF UNSUITABLE CASES TREATED.

That persons who have no moral right to become hospital patients do apply for treatment, and do get treated, I have no doubt whatever. But I very much doubt whether, in fact, hospitals are thus imposed upon to anything like the extent usually believed. Who are proper recipients of hospital relief? I suppose it will generally be conceded that if a person away from home, or in the streets, meets with a severe accident, or is attacked with sudden alarming illness, no matter what his station in life may be, he becomes in virtue of his affliction and its attendant circumstances a rightful claimant of hospital care. But what persons besides these have a claim, and how are their relative claims to be appraised? It may be replied, as it often has been, that hospitals are for the poor. But the poorest of the poor—paupers—are abundantly provided for; and, if there were no endowed or subscription hospitals, their medical needs would still be abundantly met. Excluding these, then, what is the lowest grade of poverty or impecuniosity, or of social inferiority, which establishes a claim; what is the lowest level of worldly prosperity, or of social rank, which forbids a claim, on the benefits which hospitals are established to confer? I confess I do not see how this question can be solved. No rule could be laid down to any such effect as that every person (who is not a pauper) with an income varying, say, from £50 to £100 per annum, should be admissible for hospital treatment, and that every one with an income in excess of £100 should be excluded. Many persons with £50 a year are comparatively rich, while many with £200 or £300 a year are practically very poor. It would be manifestly unjust to determine that certain classes of the population should be eligible and certain others should be ineligible. Why should the artizan class, for example, have a higher claim on hospitals than the class of petty

shopkeepers; why domestic servants a higher claim than governesses; why the sexton, the beadle, or the clerk, a higher claim than the curate? Dress and education, again, furnish no available tests whatever. Many of the so-called poor, with their fustian jackets and grimy faces, are well-to-do, and can well afford to pay for medical advice; and many of those who dress like gentlefolks, are clean in their persons, and speak good English, have the greatest difficulty to maintain themselves and families, and to preserve that air of respectability which is an essential condition of their continuance in their employments and earning a livelihood. I can recall numberless cases in which I have been instrumental in the hospital treatment of patients who would certainly have been deemed ineligible under rules based on considerations of income and rank. I have had clergymen, mercantile clerks, and medical men under my own care, who I have no hesitation in maintaining were appropriate objects of hospital bounty. One case I will recite, mainly because, while I regard it as a typically suitable case, some, I have little doubt, will take an opposite view. Not long ago a gentleman in a government office sent his son to consult me. The boy was suffering from what seemed, and turned out, to be lymphadenoma of the glands of the neck. Now this gentleman was in receipt of a fair, but not large, income; but he had a wife and twelve children, and had much difficulty in making ends meet, and at the same time maintaining that appearance of respectability which it was essential that he should maintain. It was thought desirable to remove the enlarged glands, an operation of considerable difficulty and delicacy, and one which none but a skilful surgeon could have undertaken. Moreover, it was obvious that at least two operations on successive occasions would be needed. What was to be done? The father could not pay a hospital surgeon to go down from London to operate, together with all the expenses incidental to careful daily watching and careful nursing; and consequently it was arranged between myself and the hospital surgeon that the lad should be received into his hospital. I may add that he was in the hospital on two or three occasions, and altogether for many months, and that during that time some four or five different operations were performed. Temporary benefit resulted; but, as was anticipated, the case ultimately proved fatal. I think this was in all respects a proper case for gratuitous hospital treatment. It may be replied, possibly, that this case was a suitable one for hospital treatment; but that it was also one in respect of which some payment should have been exacted. This is a matter to which I shall recur later on.

WHY OUT-PATIENTS ARE SO NUMEROUS.

It is not difficult to understand, I think, why hospital patients are so numerous as they are, and why they include so many both above and below the stratum of society to which some persons would limit them; so many, I mean, of paupers on the one hand, and of apparently well-to-do people on the other hand. It is generally recognised by all classes of persons that hospitals are provided with all kinds of appliances for the investigation and treatment of disease; that specially skilled and trained physicians and surgeons are in attendance at them; and further, that patients, according to the nature of their maladies, will probably be placed under the care of medical men specially acquainted therewith. Consequently it is not unnatural that patients suffering from chronic, incurable, or obscure diseases, which the private attendant or the parochial or club doctor has failed to cure, should tend to gravitate towards hospitals; and especially this is likely to occur when their illnesses are of a kind to make them a burden to their friends, or to incapacitate them from earning a livelihood, and thus not only to diminish their pecuniary resources for the present, but to open out a prospect of pauperism. How many thousands are there in London at the present time in this condition; how many who will be chronic invalids, or sufferers needing constant medical relief, to the end of their lives? Among the kinds of patients to whom I refer are those with heart diseases, those with chronic renal diseases, those suffering from bronchitis or chronic forms of phthisis, patients with chronic diseases of the liver, abdominal tumours, and uterine disorders; chronic dyspeptics, and those with ulcerated stomach; the epileptic and hysterical; persons who are paralyzed; patients suffering from locomotor ataxy, and allied disorders; persons with diseases of the spine or other bones; the sufferers from chronic rheumatism and gout; patients with diseases of the eye, or other organs of special sense, and of the skin; and many others. No one who has had much experience of hospital practice can fail to acknowledge that such patients constitute a very large proportion of those who frequent hospitals; that they need medical relief more or less continuously; and that, as they are apt to live for many years, they become systematic recipients of hospital bounty; and that each (in the manner before explained) becomes in the course of twelve months multiplied statistically into many persons, and in the course of years grows into a multitude. These kinds of cases are exclusive of the surgical accidents and medical emergencies which form a large proportion of hospital patients, of the dental cases, and of the

maternity and vaccination cases, which in the general hospitals are treated solely for educational purposes.

THE INTERESTS OF THE MEDICAL PROFESSION.

The subject of the treatment of out-patients at hospitals and dispensaries cannot be fairly considered apart from the interests of the medical men who attend upon them, and the medical pupils, who, in a very large number of cases, receive the best part of their medical education by assisting in their examination and treatment. It is generally allowed that medical men do much work gratuitously, or for very inadequate pecuniary remuneration, and that, as a class, they hold a prominent place among philanthropists. I do not doubt that this prevalent belief is fully justified. At the same time the immediate object of medical attendants to hospitals and dispensaries is not usually a charitable one. They undertake the duty, partly that by the experience they gain they may become skilful physicians or surgeons, partly that they may directly or indirectly become known amongst the public and employed by them. It is natural, therefore, that while attending to all patients whom they can alleviate or cure, they should look specially for cases which are difficult, obscure, or rare, or allow of the investigation of new kinds of treatment, and so tend to enlarge their experience or to advance science. This thirst for knowledge encourages the admission of large numbers for treatment; for experience shows that if the numbers seen at each visit are ruthlessly cut down, so that many applicants are habitually turned away, there follows a more than proportionate diminution of suitable cases, and from a medical point of view the value of the clinique becomes largely reduced. This is more particularly true of special hospitals and special departments, which, in order to be made of practical value to medical men and pupils, require to be carefully nursed. I recollect that when, some years ago, I was physician to the skin department at St. Thomas's I saw comparatively few cases of interest at a time when the patients were purposely limited as to numbers, but that my clinique became a very valuable and instructive one when I adopted the plan of prescribing, without exception, for every patient who presented himself.

NUMBERS AND HOURS OF TREATMENT.

It is often argued, on the one hand, that the spending of several hours in the treatment of out-patients is excessively wearying to the person engaged in it, and, on the other, that when there are large numbers of patients to be seen he cannot possibly give due attention to them, and that

for these reasons the numbers of out-patients should be carefully restricted. I by no means deny that out-patient practice is fatiguing, and that in many instances medical men labour at it to their own injury, or that too little attention is sometimes bestowed upon the patients themselves. But on the whole I take it that out-patient practice is not so laborious as to cause those who undertake it to complain. If it be so in any case there ought to be no difficulty in either obtaining assistance or reducing the numbers of out-patient letters. Calculations have been made to show that only a minute or two of time are allotted on the average to each patient, and that, consequently, the examination and treatment of cases must be perfunctory and unsatisfactory. Such arguments are very fallacious. The patients on each visiting day comprise old patients and new patients. New patients of course require careful investigation, and I should say that, as a rule, ample time is bestowed on each such case. But patients who come up for a second or third time, and especially such as have been attending several weeks, in large proportion need nothing more than a simple enquiry as to how they feel, and the repetition of the medicine ordered. And hence, while some patients are quite satisfactorily disposed of in half-a-minute or less, many of them receive five, ten, fifteen minutes, or even more prolonged investigation. But all this becomes much more easy when the physician or surgeon is assisted by his house physician, clinical clerk, or dresser, and other pupils, who make preliminary and tentative examinations of patients, who attend to small surgical requirements, who test urine, and who do many other things which tend to save the labour of their teacher and to promote efficiency. It must not be forgotten, therefore, that while one duty of physicians or surgeons who accept hospital appointments is to alleviate and cure, another (and in some respects by far the most important) duty is to learn and to teach. I have already pointed out that certain classes of patients attended to at general hospitals are admitted primarily and essentially for educational purposes.

HOSPITAL MANAGERS AND OUT-PATIENTS.

The governing bodies of hospitals and dispensaries have, of course, and ought to have something to say with respect both to patients and to medical officers. They have the right to insist that the funds of their charities are properly expended, that the patients admitted for treatment are suitable recipients of hospital relief, and that the medical officers do efficiently the work they undertake to do. It may be assumed, at any rate so far as my present argument

is concerned, that their money is properly spent, and that the medical officers do their duty to the best of their ability. The few observations I have to make under this head relate to the patients. In London there are two kinds of hospitals—the one endowed, the other supported by voluntary contributions. The latter are, to a large extent, impecunious and in debt, and are bound, therefore, not only to act in such a way as to attract subscriptions, but to be economical in their expenditure. They are under the control of their subscribers, each one of whom, as a general rule, claims, in virtue of his subscription, the right to have so many patients admitted into the wards, and so many treated as out-patients. The patients thus introduced are largely their own servants, or their own workpeople or dependents, and have no necessary special fitness as regards either the nature of their illness or their ability to pay. It is hard to find fault with this custom, for subscription hospitals in a sense belong to the subscribers, and these may fairly claim some right to do as they will with their own. But it is clear that if all availed themselves of their privilege, and no other applicants were admitted on the sole ground of fitness, such hospitals would degenerate into mere private clubs for the indirect benefit of the subscribers, and would be useless to the general public, and of little educational value. Again, it is their duty to be economical; and as not improbably, in the near future, strict economy will be essential to their very existence, they may find themselves compelled, whether they wish it or not, in their own interests and not out of regard for the patients, to demand some payment from those who become out-patients, or to adopt some other measure to save expense.

The endowed hospitals are differently circumstanced. They are public property; they are less hampered in the performance of their duties; and it lies much more within their power to regulate their administration for the interests alike of the patients, of the medical profession, and of the public. At any rate there is no sufficient reason for them to resort to questionable expedients, and to make injudicious experiments, in the matter of out-patients.

THE INTERESTS OF GENERAL PRACTITIONERS.

The relation of unattached medical practitioners to hospitals and dispensaries is one of considerable difficulty. There can be no doubt that many patients who would otherwise consult them, and pay for their attendance, apply to these institutions and obtain gratuitous treatment. Also, it may be added, that not infrequently the hospital medical officers themselves suffer similarly, from the fact that persons who could pay for a consultation, or even for an operation, obtain on false pretences

their skilled assistance gratuitously. There is, however, something to be said on the other side. Many patients who apply for hospital treatment apply at the suggestion or on the recommendation of their medical attendants, either because the medical attendants find that they are not in a position to go on paying for advice; or because the cases are chronic, obscure, or troublesome; or because they need some special kind of treatment which is difficult or impossible of application at home; or because the medical men themselves are anxious to be fortified with a second opinion. And again, many patients are admitted for operations simply because, though they are competent to pay something, they cannot pay the surgeon's full fee, and on principle he prefers operating gratuitously to reducing his charges. Yet, notwithstanding the complaints which are made publicly, and for which there must certainly be some solid foundation, I must confess that in conversing with medical practitioners on the subject, I have seldom heard definite facts adduced to show that they have themselves been more than sentimental sufferers.

THE INTERESTS OF THE GENERAL PUBLIC.

The interest of the general public in the subject of hospital practice (putting on one side the possible utility of hospitals to them in case of sudden accidents, and the fact that the qualified practitioners to whom they appeal in illness must always have been educated at such institutions) seems to me to be purely sentimental. To those who do not subscribe to or interest themselves directly in hospitals, who are not doctors, and who do not aim at being hospital patients, it can be a matter of no real moment whether or not every living man, excepting themselves, is being treated gratuitously. Such objections as they seem to entertain to out-patient practice, as at present conducted, are that thereby other persons' charity is misapplied, that medical practitioners are in some way or other unfairly treated, and especially that hospital patients are demoralised. It is held that all persons, excepting paupers, could pay something, and ought to pay something, for the benefit they receive, and that the acceptance of gratuitous relief discourages thrift, and so on. But the same principle is involved in the acceptance of any favour for which no pecuniary or equivalent return is made, or in the acceptance of a favour for which a payment is exacted that is less than the value of that favour; with this obvious disadvantage in the latter case, that the recipient, in virtue of his payment, is tempted to look, and often does look, upon his favour as a right. The School Board for London, at enormous expense to the ratepayers, has studded

the metropolis with palatial buildings, at which the non-pauper poor have their children educated either at no cost whatever to the parents, or at a cost far below the actual cost. I do not recollect to have heard it seriously argued that this practically gratuitous education at the expense of their neighbours, many of whom are little able to bear it, is immoral in its consequences, tending to diminish self-reliance, and to promote improvidence. But if there be no valid objection on such grounds as these, to gratuitous education given to those who can yet afford to pay something, surely there can be no valid objection, of a similar kind, to the gratuitous treatment of patients of the same class at hospitals. Illness tends to incapacitate for useful work, and to pauperise; it tends to reduce the resources of the man who, until he was ill, was just maintaining himself in comfort and respectability; it tends to incapacitate the woman on whose management and thrift the maintenance of a decent and comfortable home on scanty means has hitherto depended; it tends not only to diminution of resources, but to extravagance of expenditure at the time when such expenditure can least be borne. It is not when sickness is present that the gospel of thrift can be usefully preached; and it is largely under the malign influence of sickness that individuals and families who have been struggling gallantly and honourably against adversity, and who, perhaps, are just emerging into the sunlight of success—individuals and families maintaining an air of respectability, or even, may be, of affluence—fall into penury, and possibly even come to ruin. Who can tell who most needs gratuitous medical relief, the shop-keeper or his foreman, the barrister or his clerk?

HOW TO TREAT EXISTING EVILS.

That evils do exist in connection with the out-patient department of hospitals no one can deny; although I venture to doubt whether they are in any degree so serious or injurious as is often represented. But, admitting their existence, how are they to be diminished or cured? If the numbers of applicants are too large to be conveniently or properly dealt with, either the numbers should be limited by some kind of selection, or a sufficient staff of medical officers should be appointed. Here there ought to be no difficulty; and, whether, in any particular case, the evil should be remedied in the one way or in the other, can only be a matter of detail to be determined by the particular exigencies of the case.

HOW TO LIMIT AND SELECT PATIENTS.

It is much more important to consider, if such a limitation of patients is to be made, what principle of selection should

be adopted. I suppose the recommendations of governors and of medical men will always command some deference, and I think they should. But leaving cases thus introduced out of the question, how should selection be made amongst the rest? Some persons, I believe, would like to see the choice made dependent on the patients' means and position in life. But, as I have tried to show, it is a matter of extreme difficulty, I think indeed of impossibility, to solve the riddle in this fashion; and I think, moreover, that any attempt to do so would lead to serious injustice. I have explained that many of those, who are best suited to be hospital patients, are persons of apparent respectability, who, on relatively small incomes, have to maintain a creditable appearance before the world. Such persons would for the most part shrink from letting their poverty be known, and would rather abstain from coming to the hospital than submit themselves to inquisitorial examination. Such a mode of selection would be bad enough if made by the officials of the institution; it would be unendurable if made by any person or society unconnected therewith; and, in either case, would tend largely to diminish the value of out-patient practice as a means of education. The usual method is to leave it to the medical officer, or some qualified person who represents him, to select the cases which on medical grounds are most suitable, and most need care and skilful treatment. This seems to me the only proper method of selection, and the one that should still be maintained.

SMALL PAYMENTS AND REGISTRATION FEES.

It is argued by many that some small payment, either in the form of a registration fee, or of a weekly subscription, or in purchase of drugs and appliances provided, should be exacted of out-patients. Much may be said on either side of the question. I am not prepared to condemn such a practice; and as regards subscription hospitals whose income is scanty and precarious, and oftentimes much below the rate of expenditure, it may become absolutely necessary in order to enable out-patient practice to be conducted. My feeling, however, is strongly adverse to it. I do not think, unless the fee charged were unduly large, that it would materially diminish the number of applicants for out-patient letters; but it would tend to create a feeling among the patients that they were not in receipt of charity, and that they had a right, by virtue of this inadequate payment, to all the privileges accorded them. I think that the relation between the medical man and his patient is more pleasant and satisfactory under the system that usually prevails, than it would be under the suggested circumstances.

I think, too, that the necessary loss of time which the out-patient incurs, and the having to submit to examination by pupils, may be regarded as some return for the benefits received.

PROVIDENT DISPENSARIES.

It is supposed that the establishment of provident dispensaries is calculated to diminish the abuses of the out-patient departments of hospitals. Possibly it may; at any rate, from the point of view of the hospital, I have no objection whatever to make to them. I am not at all clear, however, that the multiplication of such institutions will not tend to aggravate the grievances, such as they are, which the metropolitan hospitals at the present time inflict on general practitioners. They aim at supplying medical treatment and medicines to the poor at what I think I am justified in terming unremunerative prices, and so far to the injury of the neighbouring practitioners. Moreover, one knows that at such places, at least as much as at hospitals, persons become patients who can well afford to pay the general practitioner's ordinary charges.

Much, after all, in all cases, must be left to the patient's sense of propriety and honour, and as to which I am strongly of opinion that we do more good and less harm by our present system than we should do by any other system which has been proposed to amend or replace it. My views on the out-patient system at St. Thomas's are, I need scarcely say, conservative.

In conclusion, I propose to state briefly what is done at St. Thomas's in the matter of out-patients, which, as I suppose with slight modifications of detail, is done at most of the large metropolitan hospitals.

Persons seeking to be made out-patients have to be in their places by 12 o'clock, shortly after which time the assistant physician and assistant surgeon of the day, or their representatives, give out-patient letters to those whom they select. Those patients who apply to be treated in the children's department, and in the department for the diseases of women, of the eye, ear, throat, and skin, are dealt with on the same principle. In my case 15 letters are (according to the rules of the hospital) allowed to be given. Later these patients mingle with those who are already in possession of letters, and are seen in due course by their respective medical officer. Every six weeks old letters have to be replaced by new ones, their recipients not being included among the groups to whom new letters are given for the first time. Every new or renewed letter counts for registration purposes as one patient. The applicants who do not receive out-patient letters, and are

suitable, are treated for the most part as casualties, that is, all, or nearly all, on the surgical side, and a limited number on the medical side, receive cards which entitle them to temporary treatment at the hands of the resident assistant-physician, resident assistant-surgeon, house physician, house surgeon, dressers, &c. Medical and surgical casualties applying casually are treated in the same way. And in respect of all such patients, each visit is registered in a book, and the number of casualties is reckoned according to the number of entries. Vaccination cases and cases applying to the dental surgeon are counted in the same manner as casualties. It will be seen from this statement that we carefully limit the number of the patients receiving out-patient letters by selection, the basis of selection being the nature and severity of their illnesses. We also limit, as far as we can, the number of patients treated as casualties. This, however, is always extremely difficult, and the more so that it has to be managed mainly by the younger men about the hospital, including the dressers. I doubt whether our practice could be much improved upon, and should entirely oppose the interference of laymen with the choice of our patients.

DISCUSSION.

Mr. MALCOLM MORRIS had heard two papers on this subject—the one, last June, by Canon Erskine Clarke, taking one side of the question, and now one by Dr. Bristowe, taking the other side. He thought that the facts of the case had been pretty well collected, and the question resolved itself into one of individual opinion. After having had some seven years of out-patient work in one of the metropolitan hospitals, his opinion on the matter had been entirely changed. He started with a very strong preconceived view that out-patient reform was absolutely necessary, and that there was the greatest abuse going on. He had heard stories of people of good position leaving carriages round the corner while they sought medical advice in the out-patient department, and he had taken particular notice to see what truth there was in such statements. A proposition had been brought forward in his own hospital the other day that out-patients should pay a certain fixed sum a head. He opposed it, because he found, by his own personal experience, that there was not the amount of abuse going on that people believed. He would take the period of twelve months. During that time he had seen an average of 60 or 70 persons twice a week, and he had endeavoured to form an opinion as to the out-patients. He selected several cases who he thought able to pay for medical advice. He selected fifteen cases, and, after due investigation, in only one was there the slightest ground for believing payment possible. This was rather a dangerous question to touch upon in a mixed audience, because it is only those trained as medical men who are keenly interested in the subject that can appreciate the importance of the argument. There were three classes of individuals that came as out patients. First, those who were actual paupers, and ought not to come; then those who were of such means as to be able to pay, who ought not to come; and the third were the deserving poor, for whom the charities had been established. The paupers had to be sent at once to the workhouse infirmary—and these he looked upon as entirely lost to medical education. If they could bring the Poor Law system into the system of

hospitals, then they could sift from it the cases that were suitable for medical instruction, and also the more or less difficult cases that required special knowledge and skill, and draft them into hospitals for treatment.

Mr. TIMOTHY HOLMES had expressed his opinion on this subject very frequently, with every possible difference from the opinions Dr. Bristowe had drawn. The paper did not seem to touch the real objections which have been urged against the out-patient system. They should not forget that those who thought with him had been out-patient officers. He had been surgeon of a metropolitan dispensary, assistant-surgeon at St. George's, and out-patient surgeon to a children's hospital. He had had years of experience, and the great objection he made to the system was by no means that persons went in carriages, but that so many patients came whose ailments it was impossible to treat in that way. Dr. Bristowe had said that sometimes a man got five, ten, or even fifteen minutes' attendance. He was a lucky fellow if he did. The majority of the patients were labouring under diseases that did not admit of being treated in the way adopted in the out-patient department. The treatment was to a great extent wasted upon persons who would not benefit by it. The poor, he allowed, had a right to be attended, but then they had a right to be cured. There were many persons in good positions who were recipients of hospital treatment. Dr. Bristowe appeared to agree that a certain amount of previous inquiry was necessary in order to secure proper admission, but by whom was the inquiry to be made? He had given a sketch of what went on at St. Thomas's, and, he believed, at all other hospitals in the metropolis, but he did not contend for a moment that the selection that was made was anything like a deliberate and careful selection. Time rendered that impossible. But he (Mr. Holmes) contended that patients ought to be deliberately selected beforehand by some medical authority. Dr. Bristowe endeavoured to get rid of the huge number of patients with his usual dexterity, but that was all a little beside the question, which was not really what the total number was, but the number to be seen by each individual medical officer. Had the persons who saw the out-patients the time necessary to see them in? In every out-patient department there were a quantity of cases which the medical officer knew perfectly well he could not deal with. He agreed that, under the present system, if they had no proper medical selection before patients came to the hospital, that that kind of thing is necessary, but he saw no reason why the proper medical selection should not be made before the person came to the hospital at all. There would be no difficulty in making an arrangement that no patient should be admitted who could not produce from some medical authority some testimony that his case was one which really required out-patient treatment. There would be no detriment to medical education in the further stipulation that the treatment suggested might be carried out either at the patient's own home, by his own medical man, or in such a dispensary, provident or otherwise, to which he might previously have been affiliated. He (Mr. Holmes) had laid before the association, on a previous occasion, a scheme which he thought might be taken into consideration. In the first place, he would restrict the treatment of out-patients to consultation, with the exception of those who require small surgical operations. He would also except from the rule all who had been admitted as in-patients of the hospital; to all the rest he would simply give a diagnosis and prescription. Then he would make every applicant produce a medical recommendation, and would admit no patient from the streets, except those who were suffering from street accidents, who were strictly casualties. In the third place, he would limit the number of letters given away to a certain definite number. With regard to the question of payments, he thought the large hospitals had no right to mix up gratuities and pay practice.

Dr. GILBART SMITH confessed he was disappointed with the paper. Dr. Bristowe had approached every difficulty, and left it without taking a header into it. His paper failed to grasp three or four of the more important difficulties that infested the subject. No doubt numbers did go to the out-patient

room who ought not to go there, but that was not the real grievance. The real grievance was that numbers did go who were harmed by the gratuitous relief they obtained, and by the fictitious character of that relief. He believed that there were numbers in the upper stratum of out-patients who really would be better in a provident dispensary, where a small payment would be beneficial. But if they were to exact payment for these patients, he thought they would do far more harm than they did without it. If they made a payment they would shut out the pauper class altogether, and in their place they would admit, at 6*d.* or 1*s.* a head, a large number of patients who were ashamed to take charity, but whose shame would disappear if they had a 4*d.* or 6*d.* ticket. This would not deal with the grievance that existed. He was sorry Dr. Bristowe had not attacked the question of payment as definitely as he would wish him to do. He (Dr. Smith) expressed his disagreement with Mr. Holmes' selection scheme. He would be very sorry to see the out-patient department limited to consultations only. If they wished to advance medical education in the country they must take care how they tampered with the out-patient department. The selection of cases should be done by a competent authority set up by each individual hospital for itself. A scheme such as that practised at the London Hospital for the inspection of cases, and carried to a far wider extent and better paid, would keep out the wrong classes, and, at the same time, would not shut the charity of a hospital against well-deserving persons.

After some remarks by Mr. W. J. Nixon, and Dr. Bristowe's reply,

The CHAIRMAN said he thought the paper and the discussion brought out very clearly the fact that the question was making progress; that principles and ideas that had been floated were becoming more definitely crystallised in the minds of many. Yet they were very far from the solution of the main question. There were great differences, and would be for some time to come. They had learned to see the great importance of the question, and any difficulties that might arise might easily be got over. On the whole, a very small number of those who go to the out-patient department might be considered improper cases; but it appeared to him that there were many who could pay a small sum, and it would be well to have provident dispensaries where they could get attendance for the ordinary run of domestic cases for a small periodical payment. He had not heard anything that evening to shake his opinion on that point. He agreed that a small payment might lead to many coming to the department who were ashamed to come at present; but he did not think it was so great an objection as to overcome the other advantages. The Chairman concluded by tendering a vote of thanks to Dr. Bristowe on behalf of the meeting.

FIFTH GENERAL MEETING, APRIL 15th, 1885.

THE fifth general meeting for the session was held on Wednesday evening, April 15th, at No. 1, Adam Street, Adelphi. Sir William MacCormac presided, and among those present were Lady MacCormac, Mr. S. Williamson, M.P., General Keatinge, V.C., Mr. and Mrs. John Furley, Mr. H. C. Burdett, Mrs. Bluett, Captain and Mrs. Joynson, Dr. Yusoff Ali Khan, and Major Baker.

Captain WILLIAM JOYNSON, Chairman of the Northern Hospital, Liverpool, read the following paper on

“Horse Ambulances in connection with Hospitals.”

THE AMERICAN SYSTEM.

The removal of the sick and injured is a subject which has come into prominence in civil, as it has done in military life, and the question we have met to discuss this evening is, “Should we in this country adopt the American system of horse ambulances in connection with our hospitals?”

My attention was first directed to the subject of ambulances, during a voyage across the Atlantic at the close of 1882. The surgeon of the Cunard ship, Gallia, drew a comparison between the facilities for moving the sick in America and in England, very much indeed to the detriment of this country. He described to me how, on his arrival at an American port in charge of an invalid passenger in a condition too weak to be moved by an ordinary conveyance, a telephone call to one of the hospitals would, in a few minutes, bring to the ship's side an ambulance carriage in which his patient could, with every comfort and without injury, be conveyed home for a trifling charge. The picture he drew of his difficulties under similar circumstances in the great port of Liverpool filled me with shame, for in that place there were at the time absolutely no such arrangements. Indeed, the only vehicles at all resembling an ambulance, were those ill-omened looking carriages used by the local authority for the conveyance of infectious cases, which for the purpose under consideration count for nothing at all.

After all, the ambulance system, as it exists in America, where every important city, and almost every hospital has

its ambulance department, is no new thing to us, for it has several times been described before, and notably by Mr. Reginald Harrison, F.R.C.S., in his inaugural address at the Liverpool Medical Institution, Session 1881-82. It is only the application of the system which is new to us, and as we have succeeded in establishing a perfect service in connection with the Liverpool Northern Hospital, upon the same principles I observed in New York, I will not go minutely into my researches there, further than to mention that in that city the service is performed by 18 ambulance carriages distributed amongst the different hospitals, the principal ones being the Belle Vue, the New York, and the Rosevelt. Although the carriages are stationed at the hospitals, they are absolutely under the control of the police, and the system of communication is so perfect, that the whole of them, in case of a serious catastrophe, could be concentrated upon a given spot in an incredibly short space of time. The horses are well trained to their work, and appear to acquire a perfect knowledge of what is required of them, like the fine animals we are accustomed to see in our railway stations.

I witnessed an interesting sight in Chicago, at the ambulance station. I was taken into a square and roomy coach-house, a carriage being stationed in the centre, with the patent harness I will presently describe swinging from the ceiling. A couple of attendants were chatting before a fire in one corner of the room, and a horse was lazily champing his hay behind a small railed-off box in the other. Whilst I was taking in the situation, the electric bell rang. The men sprang to their feet, the horse with a start and a whinney pushed the door of his compartment open with his head, and took his place up near the shafts of the vehicle. To lower the harness on to his back, and hitch up, was the work of a very few seconds, and so the carriage was ready for the road.

THE BATTLEFIELD IN CITIES.

But if we look at home in the very midst of our teeming populations, we shall find there a field of operations which is very little explored. We are, after a manner, dwelling on a battle field, where in the struggle for life our fellow-creatures are ever falling, struck down by an inscrutable hand. To them, as they lie in their agony, are we not to extend human help and sympathy? Do we consider, or do we all of us know, that injury done in an accident is often aggravated manifold by damage done in the careless removal of the case? Take an every day occurrence. A foot-passenger slips on a bit of orange-peel, and, falling over the

kerbstone, breaks his leg. Say it is a simple fracture. A cab is called, and the unhappy man is thrust into it. During the journey the disabled limb is subject to constant motion, and the jagged end of the bone steadily ~~but~~ surely cuts through the tissues, and protruding ~~at last~~ through the skin, it becomes "compound." ~~We~~ need not dwell upon the agonising exit from the ~~cab~~, nor upon the torture of mounting the hospital steps. The damage is done, and the patient is in for a long course of Listerian or other dressing; the leg will probably be amputated, or, if life has not been temperate, death may result from this apparently trivial accident.

SEVERE MEDICAL CASES.

There is another side to the question, and that is the removal of those who suffer from heart disease, or other complaints, to whom it is almost certain death to be conveyed in an ordinary vehicle. Take an instance which I saw reported in the *Standard* a short time ago:—"Mr. A. Braxton Hicks held an inquest at the Wandsworth and Clapham Union Infirmary, concerning the death of Robert Lake, aged 33. Dr. James Wilson, the assistant medical officer, made a post-mortem examination, and found the cause of death to be asphyxia. The exertion caused by entering the bath, *being shaken in the cab, getting in and out of the cab*, might have produced the mischief—either one of these three things." Permit me further to read the remarks which Mr. Reginald Harrison makes with regard to these medical cases:—"Some 20 years ago, when I was in the habit of making many of the post-mortem examinations at the Infirmary, I happened to remark to the late Dr. Inman on the frequency with which these examinations had been made on persons suffering from various forms of heart disease, who, though previous to their admission to the infirmary had been chronically ill for some time, yet died within a day or so afterwards. His reply was to the effect that this result was almost entirely due to the way these persons were brought to the infirmary. 'Fancy,' he said, 'a patient with a cardiac dyspnoea of some weeks' standing being suddenly placed to sit bolt upright in a four-wheeled cab, and then driven a mile or two to the infirmary with the object of getting the best advice and treatment. What could advice or anything do under the circumstances in which such persons were admitted?'"

AMBULANCE WORK AT THE LIVERPOOL NORTHERN HOSPITAL.

Before turning to the practical part of the subject, and a description of the work performed at the Liverpool Northern

Hospital, it may be as well to consider what it is that is comprised under the word "ambulance." It is not only a carriage, as is very commonly supposed, but signifies much more, and is in fact a moving hospital, with a surgeon to ~~render~~ ^{render} on the spot those services which often mean the difference between life and death, and carrying with it the paraphernalia of a hospital, to enable the surgeon properly to perform his merciful mission.

The Northern Hospital is of the capacity of 150 beds. It is the smallest of the three leading medical charities in Liverpool; but it is, for its size, one of the busiest in the kingdom. It stands adjacent to the line of docks, where the most frightful accidents are of daily occurrence. It is surrounded by a dense population engaged at the railways, factories, and foundries that abound in the district. The institution was, therefore, well adapted for a trial of the American principle, which the committee determined to make early in the year 1883. There was, however, a difference of opinion as to the propriety of charging the cost of the department in the ordinary accounts of the hospital; and, therefore, it was determined that it should be maintained as a separate charity, and by means of a special subscription list. I am anxious this point should be made clear, because it has been urged in some quarters that it is the duty of the police to deal with accidents and all cases of emergency until they are inside the walls of the hospital; that it is not within the scope of hospital work to send help beyond the walls of the hospital. Whichever way this point may be decided, the question is perfectly an open one, because, beyond the maintenance of a young ambulance surgeon, who is unsalaried, there is no direct tax upon the resources of the hospital.

POLICE CO-OPERATION.

There are two things of the first importance to the success of this undertaking—police co-operation and rapid means of communicating intelligence. From the outset, Captain Nott-Bower, the head constable, and the whole of his department gave us their active support, although the City Council had already distributed ten St. John litters, and nine of another pattern—one to each of the sub-stations in the city. As a rule, opposition from the local authority is not to be anticipated, because the police are sure to find out that it is less troublesome and more expeditious to call the horse ambulance than to convey the case by hand on one of these litters through the crowded streets, surrounded by the motley group that invariably comes in the wake of such a procession. In proof of this I may as well quote the opinion of the head constable, as given in a report upon the

ambulances, which he presented to the City Council in September, 1884. He says—"By arrangement with the Northern Hospital authorities, this horse ambulance is summoned by the police to all cases of accident or injury within a ~~certain~~ area of the city, and that area one where a ~~large~~ proportion of the more serious accidents take place. The services it has rendered in the cause of ~~humanity~~ are doubtless, therefore, very considerable, and it has, to a great extent, superseded the use of the ~~police~~ litters within the district in which it works."

RAPIDITY OF COMMUNICATION.

As regards rapidity of communication, the police arrangements were found sufficient, because every sub-station—of which there are several in the hospital district—is in telegraphic communication with the head office. As a further means, a private telephone wire has been run from the head office into the hospital vestibule, and another thence into the ambulance department in rear. For night service an electric bell is used to awake the driver in his bedroom. The hospital is also directly connected with the extensive system of the Lancashire and Cheshire Telephone Exchange Company. By kindly consideration of the executive, ambulance calls are allowed to have a priority over other messages, and the subscribers are exceedingly generous in placing their instruments at the disposal of the public for ambulance purposes.

CLIP HARNESS, AND FURLEY'S AMBULANCES.

Amongst other contrivances for ensuring rapidity of action is the patent American clip harness, by means of which it has become possible to turn out so very quickly. The harness is suspended from the ceiling, just over the shafts, by a system of pulleys and hooks. The saddle and collar are hung by means of the rings upon these hooks; the breech band is fixed to the shafts, being slightly raised by short iron stays; the traces are permanently hitched, and the reins drawn ready through the harness rings; the bridle is without blinkers, and, as it also serves the purpose of a halter, it is never off the horse's head. When the electric bell sounds, the horse is readily placed under the shafts, which, along with the harness, are lowered upon his back, the collar closing underneath by means of a spring. The reins, bit, etc., etc., are then clasped, no buckles being used; the driver proceeds to the front of the hospital to take up the surgeon, whom he probably finds waiting, and in less than two minutes this moving hospital is being driven with all speed to its destination. The driver blows a whistle to clear the road, and, by police regulation, all traffic gives way. The carriage was designed by Mr. John

Furley, of the St. John Ambulance Association, and is built of English oak and American ash and birch. There is room in the interior for two patients and three attendants, stretchers being provided for the former, and seats for the latter. In most cases, the carriage is only required for one patient in a recumbent position, the stretcher being placed upon the floor, but when it is necessary to utilise it for two patients a second stretcher can be put on a shelf, which also serves the purpose of a seat. One stretcher is padded and jointed, so as to be adapted to the position most likely to alleviate the pain of the unfortunate sufferer; the other is a folding stretcher of the "Furley" pattern, and both are provided with telescopic handles. The interior fittings are rendered still more complete by the addition of a box for medical appliances; and the driver's seat, which will also accommodate two attendants, is made to open, and forms a receptacle in which splints, bandages, and other requisites are always kept ready for use.

THE HORSE AMBULANCE IN ACTION.

We will now imagine that an accident has happened, say, at one of the docks. A policeman is soon upon the scene, and following his instructions he leaves the man where he has fallen, and hastens off to the nearest police station, and telegraphs to the head office—"Ambulance wanted at, say, the 'Nelson Dock.'" The message is transmitted by the telephone wire to the hospital vestibule, and telephoned again into the stable by the hall porter, who then touches an electric bell to summon the surgeon upon ambulance duty. Meantime, the policeman at the other end is waiting for a reply to his message, and having heard that the ambulance is not engaged with another case, and is therefore available, he returns to the scene of the accident, and he not unfrequently finds that the ambulance has already arrived there before him. With the aid of other constables, a ring for room to work is soon formed, and the examination is made. If it should be a fracture, splints are applied, and the damaged limb is skilfully secured. The stretcher is now produced (upon it has been placed a rough oilcloth sheet for the purpose of more carefully lifting the patient on to the bed when the hospital is reached), and all being ready, the "case" is placed in the ambulance. The surgeon jumps in to supervise, and the return journey is quickly accomplished.

It will be seen that by the adoption of this process there are only two moves—viz., from the ground to the stretcher, and off the stretcher to the bed; whereas, the employment of a cab involves the getting in and the getting out of it, besides a visit to the receiving-room, and a succession of removes liable to cause further damage and increased suffering.

A YEAR'S AMBULANCE WORK.

A record is made by the ambulance surgeon, in a book kept for the purpose, of every case carried in the ambulance. Particulars are given of the time of each journey; the name of the patient, and of his employer; his occupation, and a diagnosis of the case. This is useful for the sake of reference. During the year 1884, as many as 580 cases were conveyed. The carriage was accordingly used on the average three times every two days throughout the year. The average time, from call to departure, was 2 minutes by day, and 4 minutes by night. The average time of each journey, from call to return, was 18 minutes and 30 seconds.

THE REMOVAL OF PRIVATE CASES.

There have been quite a number of applications for the ambulance for the removal of private cases, and the use of it has never been refused unless the distance was unreasonably great. For the most part these journeys have been between the hotels and the landing stage, or the ambulance has been placed at the disposal of professional men for the proper removal of special cases. No fixed charge is made for work of this kind, but people give according to their means, and the benefit derived is so great that the contribution given to the special fund is usually very handsome. One gentleman whose wife had sustained a compound fracture of the leg whilst on a shopping excursion in Liverpool, writes—"The poor sufferer was enabled to perform the long journey to Woolton with far less suffering and injury than she sustained in her short journey along a few streets from the scene of the accident to Dr. Grimsdale's house. I am very much surprised to hear how inadequate is the supply of these ambulances in Liverpool; one would think they are as necessary as fire escapes in a large city. I have learned from the experience of my wife how much suffering in the case of street accidents would be spared to the injured by the use of ambulances."*

THE COST OF MAINTENANCE.

I cannot conclude this paper without some reference to the expenditure necessary to maintain an ambulance service in connection with an hospital, and I will therefore give an abstract of the cost for 12 months. The cost of first start will be more or less according to the stable accommodation available. As regards locomotion, it will on the whole be found more satisfactory to pay for horse hire than to become owners

* This lady was accidentally knocked down by a passer by, and it is probably certain that the fractured thigh became "compound" whilst being taken in her own carriage to the doctor's house, distant about half-a-mile.

of horses. The cost may perhaps be a little more, but the risks and annoyances are great, and it is of course necessary that a horse should be ready at all times day or night. The expenses for one year are as follows:—Driver's wages at 24s. per week, £66 6s.; horse hire at 30s. per week, £78; cottage for driver at 6s. per week, £11 14s.; rent of stable, £20; telephone (private wire), £15 10s.; livery for driver, £6 6s.; insurance, £4 10s.; repairs and sundries, £25; total, £227 6s.

CONCLUDING CONSIDERATIONS.

The heavy increase in the expenditure which is noticed so generally now for surgical dressings and appliances, is accounted for, I am told, by the adoption of the antiseptic system of treatment. No doubt the money is well spent, because owing to this and the improved style of nursing, and other causes, numbers of limbs are now saved which in former times would have been amputated without a second thought. If we consider the danger to life involved in a bad compound fracture, the dreary weeks or even months required to effect a cure, the intense agony endured by the patient, we shall, from a humanitarian point of view, welcome with gratitude any method which will bring the hospital into immediate contact with the patient, which will secure speed of removal, with a diminution of suffering, and which will do something to prevent simple fractures from becoming compound. But, on the score of economy, there is also something to be said, because, if in a few cases the aggravation of injury is prevented, the treatment, both as regards dietary and dressings will be less expensive, and the usefulness of the hospital will be increased in proportion to the rapidity of recovery. In other words, the same bed will be available for a greater number of patients in a given time. The result of the operations since the horse ambulance service was first started at the Northern Hospital, is that, in all, over 900 cases have been carried in twenty months, and the success of the undertaking has been quite equal to the expectations of the committee. We claim that, by this system, human life has been saved on several occasions, and it has been the means of alleviating a vast deal of suffering and misery.

DISCUSSION.

Sir William MacCormac in the Chair.

General KEATINGE, V.C., in opening the discussion, mentioned that a great deal of attention had been called to the subject of horse ambulances in London by Mr. Crossman. A meeting was held, he thought, at the Royal United Service Institution, and there was an unanimity of opinion that a service of the sort was required, but he could not call to mind what practical arrangement

was arrived at about finance. He thought that if those who could enlighten them on the subject of finance were to do so it would be useful in considering the matter. As to the utility of the horse ambulance there could be no second opinion.

Mr. JOHN FURLEY, of the St. John Ambulance Association, thought they were all agreed as to the great importance of the subject. The important question was how far a scheme, which had been found practical and useful in Liverpool, was capable of being adapted to other large towns, and especially to the metropolis? Owing to the great energy, especially of Captain Joynson, the thing had been a very great success in Liverpool, and was quite capable of being adapted to other large populous towns in the country, but the question was, could it be adapted to the metropolis? He thought they were particularly indebted to Mr. Crossman for introducing the subject with regard to the London hospitals. A society had been established, with the Duke of Cambridge as its president, for the purpose of dealing with the subject. In the first place the Home Office were inclined to shunt it, because, they said, the police had already quite enough to do; then again, the hospitals had enough to do in avoiding that impecuniosity from which so many of them were suffering. They did not see that it was possible to add the expenses of an ambulance scheme to those they have now to meet. He hoped, however, although he saw many of these difficulties, that the gentlemen who began the work would not entirely give it up, because there were parts of London where a scheme such as that now working in Liverpool might be tried. Taking the district in which he then happened to be, he thought that if there was an ambulance station it would be a great advantage. In the city, however, he held a different opinion, because he found that no accident could happen in the neighbourhood of the city that was not within a mile of a London hospital. He had found a difficulty in getting about such crowded thoroughfares, so that he had always been in favour of having stations with wheel-litters and stretchers, because, where it was impossible to take an ambulance, it was possible to take a hand litter. At the St. John Ambulance Association they had been lately trying an experiment on a small scale. They placed themselves chiefly at the disposal of the medical profession, and endeavoured to meet the circumstances of the case to the best of their ability. Occasionally they had to move persons of small means, and that showed the difficulty of establishing an ambulance scheme that had not a good fund at its back. The stretcher was the first thing, the two-wheeled litter the second, and the horse-carriage the third. He would like nothing better than to see such a scheme as had been proposed by Captain Joynson tried on a large scale in London, but let them avoid the city.

Mr. H. C. BURDETT wished to ask a question with reference to expenditure. In Captain Joynson's estimate he made no provision for a medical officer. Was it to be understood that the ambulance surgeon was in the unfortunate position of so many medical men? Was this to be another means of employing the medical profession without remuneration? He thought that the medical service should be paid for. There was a limit to gratuitous services, and that limit had been reached so far as medical relief was concerned. The questions to be considered were—(1) Is an ambulance system required? (2) What is wanted in London? (3) How is what we want to be obtained? He thought that those acquainted with London would not take long to make up their minds that the ambulance service was required. Hospital relief in London was centered in one narrow area; within a radius of about a mile-and-a-half they found all the chief hospitals. Nothing that he could say would more eloquently testify to the need of an adequate and thorough horse ambulance service than that one fact, because those who worked in the hospitals must often have seen the results of that centralisation, in the increased suffering caused to the patients. He would like to say a word as to whether or not that centralisation was desirable. In North London they were about to endeavour to do what had not yet been done in any (except the South Eastern) district of the metropolis, viz., to build in a central position a large

hospital for the relief of the district. The system of horse ambulance had received the fullest and most careful attention. In North London it was at first thought desirable to have a central and outpost hospitals. A further consideration of the question had however brought those who had worked hard for the cause of medical relief to the conclusion that on the whole the horse ambulance system that had succeeded so well in America was far preferable to outpost hospitals, and he believed that it would be adopted on its merits. He thought that went to show that there was reason for centralising our hospitals in the metropolis. If they were not centralised they would not be able to get what was wanted, viz., adequate means of training medical men. Going on to consider what was wanted in London, he thought they ought to have some confidence in the present Home Secretary, that there would be very little difficulty in securing a careful consideration for any sound proposal put forward. From his own experience he did not think that the Home Secretary was personally indisposed to recognise the unnecessary suffering caused by the absence of the horse ambulance. He (Mr. Burdett) hoped that they would not disperse without forming a committee to see how the necessary co-operation could be secured for a scheme to be referred to the Home Secretary. He was prepared to move a resolution to that effect, as he thought this was due to Captain Joynson, because he had introduced in Liverpool the first horse ambulance into this country.

Mr. S. WILLIAMSON, M.P., as one connected with Liverpool, testified to the great service done by the horse ambulance to that town. The excellent work done by it, he said, was recognised on all hands. The cost of £227 did not seem a very extravagant sum, and he did not see why the hospitals in London should not face it. Compared with the very large annual expenditure of those beneficent institutions the small addition would be very trifling, and would probably stimulate further benevolence.

Dr. YUSOOF ALI KHAN (from the Punjaub,) expressed surprise that in a civilised and christian country they had not got the ambulance system that existed in India.

The following resolution, in the form of a recommendation to the Council, proposed by Mr. H. C. BURDETT, was then submitted to the meeting, and carried :—"That it be a recommendation to the Council to appoint a Committee, consisting of Sir William MacCormac, Mr. G. H. Makins, F.R.C.S., Mr. John Furley, Captain Joynson, Mr. J. H. Buxton, Surgeon-major Cross, Mr. B. Nattali, Dr. Steet (P.O.), with power to add to their number, to place themselves in communication with the police authorities of the metropolis, with the hospitals, the Metropolitan Asylums Board, and the telephone companies, with a view of organising a scheme for the establishment of horse ambulances in connection with the London hospitals, for submission to the Home Secretary, with the view of securing his co-operation.

Major BAKER supported the scheme as an army medical officer of some 30 years' experience.

Captain JOYNSON, in his reply, referred to Mr. Burdett's question with reference to the payment of the medical officer, and said that the ambulance system was one of the means for training the medical profession, and that the surgeon who applies for ambulance duty was not necessarily a qualified man, but one who had passed his first and was waiting for his second examination. There were only too many who were glad to accept the appointment, in order to gain experience. The scheme did seem expensive, but he was quite sure that if the public of London only saw the sick and injured carried through the streets in a comfortable carriage, with a policeman on the box and a surgeon inside, they would be satisfied. It was one of the most essential things that a surgeon should attend the ambulance. As to applying to the Government, he thought Sir William Harcourt would give his approval, but he had no idea at all that he would give a vote of money. His own idea was that the hospitals or philanthropists would have to help—perhaps the two between them. The Government, however, having control over the police, etc., might help very materially.

The CHAIRMAN said that the question how to deal with the matter in London was a very difficult one. He thought that there would be much difficulty in inducing the hospitals to undertake what they regarded as outside work, and he felt sure if the Association waited for the endowed hospitals they would have to wait a long time. Much more benefit was to be reaped by an independent organisation. The difficulties would not be so great as was supposed. In conclusion, he tendered the thanks of the meeting to Captain Joynson.

SIXTH GENERAL MEETING, MAY 20th, 1885.

THE sixth general meeting for the session was held on Wednesday, May 20th, at No. 1, Adam Street, Adelphi. In the unavoidable absence of Major Ross, the chair was taken by Major-General Keatinge, V.C. There was a large attendance of ladies. Among those present were Mrs. Bluett (Fitzroy House), the Rev. E. Price, Mrs. Price, Miss Vincent (of the St. Marylebone Infirmary), Miss Wood (from the Great Ormond Street Hospital), Miss Manson (from St. Bartholomew's Hospital), Miss Lücke, Miss Ward, Miss Mapleton, and Miss Hart.

Miss LOUISA TWINING read the following Paper on

“ Thoughts on the Diet of Nurses in Hospitals and Infirmaries.”

It can hardly be doubted that this is an important subject, affecting the health and efficiency of all the valuable women who perform such good service in our public institutions. From all that I have heard from nurses (of all classes) who have been trained in hospitals, and have afterwards carried on their profession, I am convinced that their health is not sufficiently considered in the arrangement of the dietary. Motives of economy may probably be pleaded, when we know that the funds of nearly every public institution are, at the present time, in a languishing, if not absolutely failing, state; but no motives should prevail which seriously affect the health and strength of young women either in the present or the future. The results can only be either a speedy breakdown or a lingering condition of ill-health, and we know how frequently this is the case in our training and other institutions. Another evil consequence is, probably, the temptation to procure, and indulge in, stimulants, which are, naturally, considered as the necessary substitute for good, nourishing, and, I may add, tempting food. I feel justified in asserting as much as this, though some may object to this quality as a quite unnecessary one for the class for whom I am pleading.

LOSS OF APPETITE.

It will be granted by all that the work of a nurse is not one conducive to appetite. The want of fresh air, inevitable

sights, and, above all, smells, which even the most experienced can hardly be quite hardened to, must indispose nurses to the ready partaking of any and all kinds of food, which to a healthy appetite, gained out of doors, might be acceptable. And another cause is the apparently inevitable arrangement that the nurses' dinner follows immediately upon the patients', and it can be imagined that the administering food to them is not the best preparation for their own meal. But, however this may be, I have no hesitation in saying that far greater attention should be paid to providing acceptable and suitable food for nurses, and that it would be true economy in the end to do so, by promoting not only the health of body and strength which is absolutely necessary for the performance of their duties, but also that happiness and cheerfulness of mind which is almost equally essential.

I will now proceed to give a few facts in support of these theories, which may be relied upon as being authentic, though the names and localities are not given. Two points I will just remark which might be so easily amended—viz., making the dining-rooms and tables a little more attractive, and also the extension of time allowed for meals, nurses so often hurrying over them, to the serious injury of their digestion, and the entire absence of any enjoyment of their food.

A PROVINCIAL NURSE'S EXPERIENCE.

I cannot do better than give the following experience of a hospital nurse in her own words:—

"My experience as to the feeding of nurses at the hospitals I am acquainted with leads me to the conclusion that if a little more trouble and thought were spent in arranging the food it might be made, without any greater outlay of money, much more agreeable and satisfying. It is not generally a question of quantity, nor often, as far as it goes, of quality, but of variety, both of material and preparation, and of a little more nicety in cooking and serving. I know that the time and labour of the cook is a matter of great consideration at a hospital, but it seems to me that less economy of the cook's trouble would be well balanced with more economy in the butcher's bill. Legs of mutton and pieces of beef cannot be cheap diet except under the condition that the nurses will not eat more than they can help of them. At _____ Hospital there always was a universal want of appetite. Day after day we went down to the most unattractive meals, the largest and ugliest joints, often badly cooked, seldom any vegetable beyond potatoes; if any, the commonest, ill-boiled cabbage or turnips; never any choice except on Fridays, and then between pea soup and boiled haddock; never any pudding or cheese. A tin jug of beer, another of water, and some ginger beer, stood on a side table. The barest table, coarsest glass, old chipped plates, old and odd knives and forks, coarse, and often dirty, linen—such were the accessories of these dinners. The nurses' other meals were early breakfast—tea or coffee and bread and butter; lunch in the ward kitchen at 10 a.m.—bread, and, I think, a bit of cheese, and a little milk. Tea and bread and butter at 5; supper at 8—a small help of cold meat or some pudding (rice, bread, or perhaps suet). With this those who wished could have beer or milk. Now this, perhaps, seems enough to eat in one day, but look at the monotony

of it—three meals of bread, one of meat almost alone, the last of meat alone, or pudding—and every day almost alike; leg of mutton four days a week, beef twice, fish or soup once. Occasionally only, pork, veal, or rabbit—not nearly every week—and then generally instead of beef, as the more expensive meat. When I had my nurse visitors in the summer I determined to try to feed them on a different principle, to eschew, as far as possible, legs of mutton and roasts of beef, and yet to do it quite economically. Here are some of my dinner dishes, which were highly appreciated. Scotch broth—the meat cut into nice pieces, plenty of pearl barley, carrots, turnips, and onions, and little suet, dumplings, all in the soup; stewed beef, in Italian fashion, with macaroni, adding to it any obtainable vegetables in slices, as carrots, turnips, parsnips, or a few chance tomatoes or mushrooms. Haricot mutton, with lentils or beans, with other vegetables. Pillau boiled mutton or rabbit, or rather stewed with a quantity of rice, seasoned with a large onion, whole pepper and mace, some raisins, and slices of hard boiled egg. Curry and rice, Irish stew, potatoe pie, toad-in-the-hole, boiled meat puddings, ordinary pies, little pies, fish and rice, or fish and potatoes, herring salad, with potatoes, beetroot, cress, a little chopped pickle and egg, with oil and vinegar; red herrings and boiled rice. If leg of mutton were inevitable, it was divided, and a little savoury stuffing put in the place of the bone in the thick half, which was roasted; and Sunday's cold beef was Saturday's hot boiled, with dumplings and vegetables, or roast, with Yorkshire pudding. My principle was always some good solid accompaniment to the meat, which gave variety and savouriness, as well as lessening the consumption of the dearer food. It was also, I am sure, more wholesome. Plenty of vegetables, and always a pudding (of fruit as often as possible) completed the dinner. Breakfast—porridge for anyone who liked it, bread and butter, potted meat, sardines, eggs, and occasionally bacon, often jam. A light tea at five, only a plain cake, biscuits, or thin bread and butter. Supper at eight—tea or cocoa, a light dish of meat or fish, ham and eggs, bacon or sausages, any remnants of pudding, bread and butter, and jam. Perhaps this is much more expensive than the hospital diet. I don't hold it up as an example to be exactly followed, though I am sure it did not cost me 10s. a week each person, but then eggs, milk, vegetables, and fruit, were at country and summer prices. I should like to know how far the present expenditure would go if the food were managed more on my plan, with more farinaceous and vegetable food, less meat, and above all, more variety, and greater attention to the cooking and serving. A nurse's occupation, her want of pure air, her frequent sickening tasks, make it so necessary that she should be a little tempted to eat; and her capricious appetite a little coaxed. I am convinced that the fact of her eating as little as she can possibly get on with, is at the bottom of most hospital troubles. Everyone knows how difficult it is to keep the staff in health and working order, and that good nourishment is a most important preventive of that constant tonsillitis, and liability to the infection of worse diseases. And then there is neuralgia, the scourge of nurses, due, I am sure, in nine cases out of ten, to too little food, and too much tea. I have scarcely ever known a nurse who did not confess to too much tea. They generally have some of their own for odd times, and they will drink it five or six times in the day. Some, when on night duty, will keep the teapot on the hob all night, and take it 'when so disposed.' When they eat so little, they must turn to something, and these women, too well principled for intemperance, cannot see that indulgence in tea is injurious to their health. The craving for tea may, I am sure, be greatly lessened by more attention to the food. These women have a laborious life, ten to twelve hours daily of hard work, frequently involving great physical exertion, and often much strain on mind, nerves, and heart. They get little outdoor air, sore feet and fatigue often preventing their going out when off duty. They are exposed to infection, bad air and smells, they are strongly tempted to stimulants and tea, and to the use of such drugs as chloral or chlorodyne. Good food and nice food must always be their great safeguard."

A METROPOLITAN NURSE'S EXPERIENCE.

"I consider that here we are decidedly underfed. There is enough in quantity, but in quality, variety, and good cooking, it is sadly deficient. Unless we kept a good store in our own rooms we could not get on; even with that, I often have to go out and buy a good meal. How the under-nurses, who cannot afford to buy as we can, get on, I do not know. Without giving the daily dietary, I may say that there is, of course, the inevitable leg and shoulder of mutton, and beef, boiled and roast, with suet, rice, and sago puddings. Fish one day" (I see no mention of soup) "summer and winter alike; suppers are dinners repeated, only cold; breakfasts, bread and butter, but uncooked bacon is given out, which the nurses may cook for themselves before their 7 a.m. breakfast—if they can! Surely, the old system of nurses being expected to cook anything for themselves is absolutely wrong and indefensible. We often go to our meals hungry, and longing for food, and yet when we see the uninviting dishes of badly-cooked things, we fail to eat. Heads and tails of fish are quite undistinguishable—all in one mash."

MISS TWINING'S EXPERIENCE.

Now, I must add that both these writers are personally known to me, and I must distinctly answer any objection that may be made, that their requirements are unreasonable, and that they come from dainty and luxurious homes. The exact contrary is the case; both have had plain and sensible homes—one a great experience of life in other parts of the world, and neither has been accustomed to, or would think of expecting, luxuries. My own experience in infirmary nurses leads me to the same conclusions. Notwithstanding the abundant allowance, and the really good quality of the meat, but a small portion was eaten by the majority of nurses; more than one asked for "only potatoes and gravy," and I felt this could not be enough between early breakfast and tea, even although there had been a bread-and-cheese lunch between. The appetite evidently turned from roast meat and boiled fish, and longed for more pudding or *soup*; and here I cannot help remarking on the remarkable absence of this most excellent and appetising article of diet in the majority of English households. In this instance, pea soup was occasionally, but not regularly, given, but now that lentils have been so widely recognised as one of the most nourishing and sustaining articles of food, what possible reason can there be against its far more frequent adoption? Even without the addition of "stock" it is palatable and nutritious in a far greater degree than peas; with the addition of a little meat and other vegetables it is delicious, and could often be eaten with relish when meat was rejected. Why all the enormous supply of bones is not more utilised for soup in our large institutions I have never been able to understand. Some years ago, in my ignorance, I imagined

it was that they formed at least the basis of broth or beef tea ordered for the patients, but this, of course, was a delusion. I can only suppose it is part of the prevailing and foolish prejudice that the English, especially the poorer classes, "do not like soup." I am often inclined to think that the introduction of a French "chef" into our English institutions for three months at a time would be an excellent as well as economical arrangement.* But I have digressed from the infirmary diet of which I was speaking. The substitution of more frequent puddings, either plain, as suet, Yorkshire, and a farinaceous kind, as well as fruit (in season), and jam, and soup, with an allowance of three-quarters, instead of one pound, of meat a day to each nurse, has proved an acceptable as well as economical arrangement. The substitution of more coffee or cocoa for the frequent tea would be another improvement, within reach of all. There is no doubt that, without adopting a vegetarian system of cookery, we might obtain from it many useful hints about the value of farinaceous food, which may be used with meat as well as without it.

AN IDEAL INFIRMARY DIETARY.

After all this fault-finding (not without cause, I venture to think will be admitted), I will give the dietary of a London Infirmary, which is, I believe, considered to be "ideal" in its excellence and suitability for nurses, and I may add, it is admirably cooked and served. Sunday dinner: Cold roast beef, salad, potatoes, fruit tarts. Supper: Cold meat, bread and cheese, pickles. Monday: roast beef, potatoes, greens, onion sauce. Supper: Same as before. Tuesday, winter: Irish stew, and roast mutton. Summer: Cold beef, or veal and bacon, potatoes and salad, rice puddings. Supper: Same as before. Wednesday: Boiled and roast mutton, potatoes, turnips, and carrots, currant puddings. Supper: Hash and curry. Thursday: Roast beef, or beefsteak pies, or stewed steak, potatoes, greens. Supper: Cold meat, currant puddings left, and warmed. Friday: Fish and cold meat, potatoes, boiled fruit puddings. Supper: Soup, bread and cheese, pickles. Saturday: Roast mutton, potatoes, greens. Supper: Cold meat, bread and cheese, pickles. Breakfasts: Fried bacon, one morning; boiled bacon two mornings; cold meat and eggs other days. Night nurses' meals in order, as day nurses.

* It was the well-known calculation of Francatelli that from food wasted in London alone he should be able to furnish a dinner daily to a thousand persons.

STIMULANTS AND BEER MONEY.

Before concluding, I cannot help alluding to the important question of stimulants, which is now being considered from all points of view. The practice is becoming general of allowing money instead of beer; it is, I believe, generally approved by the nurses, and of course if they do not like beer, it is a hardship that it should either be forced upon them, or they should lose the equivalent. At the same time if they (especially the older women) have been hitherto accustomed to a moderate allowance of beer at their meals, it is not unnatural that they should miss, and desire, it, especially if their appetites should fail, as is most probable. The question then, is, if the temptation does not become very great to procure stimulants outside, and these, probably, of a less harmless nature than beer? The sudden leaving off all stimulants, may, not unlikely, produce a depression and sinking, which may lead to habits of indulgence far more injurious than the mere glass of beer, which can only be partaken of at meals. As I am a staunch supporter of temperance, I hope I shall not be supposed to be advocating an indulgence in stimulants, which, to the majority of healthy persons, cannot be supposed to be a necessity. I would merely just point out that there seem to me to be two sides to the question in the interests of temperance, and that the advantages are not all on the side of total deprivation. It would be an undoubted gain if the money given instead of beer could all be placed in the savings' bank, but I fear there is little doubt that, occasionally, at least a portion of it goes in the purchase of stimulants out of doors.

NIGHT NURSES' DIET.

I cannot conclude without remarking that the subject on which I have been speaking (viz., "that it is a recognised principle that if you have to work well you must live well") is most especially important for all nurses who are employed on night work, which is so apt to affect injuriously the health of young women not yet accustomed to it. In many cases, in infirmaries, no hot meal is partaken of during the 24 hours, and tea only, with bread and butter, given during the night. In one instance this had to be partaken of in the sick wards, the little adjoining rooms, or kitchens, being locked up at night, for fear, probably, of being resorted to for sleep! Twelve hours duty, if properly performed, surely requires something more than tea and bread and butter during the time. Coffee would often be preferred, and would be a far better support. There is the time and the temptation to

indulge in what is considered to be warming and sustaining, and we can hardly wonder if it is resorted to.

THE WRONG SYSTEM.

I can speak from personal knowledge of one infirmary, where I went to visit the nurses belonging to our Association. I can hardly describe the state of wretched accommodation found for them in an old, dirty part of the building. The dreariness and depressing feeling could not be surpassed, added to which there were such complaints of the quality and cooking of the food that for a fortnight our nurses could not touch the meat, and became quite ill. It may be supposed we could not induce them to remain there; but I am glad to say, owing to our representations, things have been improved in some respects.

SUPERVISION OF MEALS NECESSARY.

I need hardly say that there was no supervision at these meals, and that is a point I am anxious to speak about. It is really essential that some officer should be present at all the meals, to see that they are properly served, and also to know that the nurses partake of a sufficient amount of nourishment, a failure in appetite often ending in and leading to serious illness.

THE RIGHT SYSTEM.

I am glad to be able, in contrast to this last picture, to give the report of one of our London hospitals from the matron, who has a real care and sympathy for her nurses. She says, "Except in the case of tea, sugar, butter, and beer, our allowances are unlimited. The committee permit the housekeeper and myself to regulate the supplies of meat, bread, cheese, fish, fruit and vegetables, in accordance with the seasons and the nurses' appetites. Coffee and cocoa are allowed, if preferred to tea. There is abundance for all, but no waste is allowed. The plan has worked excellently, and we are able to vary the food much more than if certain allowances in kind were rigidly adhered to. It costs no more and certainly gives more satisfaction." Another matron writes, "I have been in hospital work 15 years, and know well how much the diet of nurses needs improvement. Here, I am thankful to say, the nurses have a liberal diet, and what is the great secret of success, great variety. I order everything for them myself, and I feel sure that if in large hospitals the housekeepers would take the trouble,

that the same change of food could be arranged. It means very hard work, the constant ordering various dishes, but the result is so good. Nurses cannot eat the constant roast and boiled meat usually provided, and variety of food is far cheaper. Here they enjoy all their meals, there is no waste, and they are in good health. I am sure the nurses will owe you a debt of gratitude if the matter can be improved for them." With regard to the quantity of meat allowed, one eminent physician gives it as his opinion that $\frac{1}{2}$ lb. daily is ample allowance for a woman. Probably this is without bone. Another equally well-known medical man, who has lately been writing on diet, insists that we eat too much meat at all times, from the child whose natural instincts would banish it from the nursery if left to himself, to the old whose failing powers are unequal to the digestion of such solid food. Nearly all the opinions point in the same direction, viz., (1) that greater variety is needed, even more than quantity; (2) that the quantity of meat should be lessened in favour of more vegetable and farinaceous food; (3) that greater attention should be paid to the cooking of the food; (4) and to the serving of the meals and all the necessary accompaniments.

A LAST SUGGESTION.

My last conviction and suggestion is, that women are the best judges of such a domestic matter as this, and are the most likely to understand what is suitable and acceptable to women. Therefore, I would venture to direct the attention of all lady guardians especially to these matters in our infirmaries and workhouses, believing that no more important object can claim their care and consideration.

THE DISCUSSION.

Major-General Keatinge, C.S.I., V.C., in the Chair.

Miss VINCENT, of the St. Marylebone Infirmary, thought that there could not be too great a variety in the food provided for the nurses, and recommended the more general use of cocoa and milk. Plenty of vegetables and pickles were also desirable. She did not approve of money being given in place of beer. In the infirmary with which she was connected each nurse had beer if she liked it, and they had coffee as well as tea. She preferred to give them their choice, about a third of the nurses choosing beer, the others having milk or water. She believed the money given instead of beer was often spent upon excessive dress.

Miss WOOD, from the Great Ormond Street Hospital, said there was not much difficulty in providing food for the night nurses if a little thought were given to it. At Great Ormond Street the nurses came on about nine o'clock, and had the same supper that was provided for the day nurses. During the night they had cold meat, eggs, fish, or bacon provided for them, together with tea or cocoa. When they came off night duty at half-past eight in the

morning, they had a hot luncheon. They thrived well on this plan and liked it very much. They did not allow any cooking in the wards during the night. When it was possible they always gave some form of fresh vegetable, such as salad or watercress, with the food. Miss Twining had made one remark which she would like to speak upon from a nurse's point of view. She had said in the paper that the time allowed for the nurses' meals was generally too short. As far as her (Miss Wood's) experience went they were obliged to keep the nurses at the table in order to make them stop there. They were so interested in their cases, that unless there was a strict rule to make them keep their tables for twenty minutes they would not stop. So it was not always the authorities that were in error, but the nurses themselves. A strict time should be fixed for them to remain at the tables, otherwise they might do themselves harm.*

Mrs. PRICE thought that the remarks of Miss Wood only confirmed what had been said about the meals not being attractive, for if they were attractive the nurses would be more likely to stay. The staff of cooks provided in most institutions would hardly be adequate for a greater variety of food, so that the question was practically one of increasing the staff. Where there was a very large number of patients to be served, she thought it would be very difficult to cook a greater variety of food for the nurses. In a great many institutions there would probably be a strike among the cooks if a greater variety in the cooking were ordered.

Miss MONSON, from St. Bartholomew's Hospital, on being asked to give some idea of the management of a large institution, said they had a separate kitchen for the nurses and all the female staff, and a separate kitchen for the patients. They had male cooks for the patients, and these cooks came at seven in the morning, and left at the same time in the evening. All the cooking for the nurses was done by female cooks. This was a much better plan than having all the cooking done in the same kitchen. The dietary read out by Miss Twining in regard to the infirmary was very much the same as their nurses had, viz., fish, soup, curry, and hash, roast and boiled meat, puddings, always two vegetables; for supper they had sausages, hot bacon, cold meat, soup, or fish. They had salad two or three times a week. She quite agreed, and considering the work the nurses had to do, it was necessary that they should have a great variety of food. In St. Bartholomew's there were 26 sisters and assistant matrons, about 35 to 40 night nurses, generally about 40 day nurses, and about 35 probationers. Three dinners were served for the nursing staff, and the cooking was done by gas stoves. The sisters were served first, then the nurses had their dinner, and, last of all, the probationers were supplied with what remained.

Miss LÜCKES cordially agreed with all Miss Twining had said, and hoped to see it carried out in the London hospitals. She did not approve of giving beer money.

Miss WOOD said that in the institution with which she was connected they gave no beer money, but let the nurses have their choice. They generally preferred water for their dinner, and milk or cocoa for their supper. She remembered once visiting a small hospital where there were about 120 patients, and the matron said she had induced the committee to allow her a small kitchen, in which, with one cook, she was enabled to cook very nice little dinners and suppers for her nurses. The food for the various floors was sent up in a small lift. Everything was in beautiful order, and she was much struck with the perfect arrangement.

The Rev. EDWIN PRICE did not think it had been elicited that there had been much opposition on the part of the authorities to a variety in the diet. There was rather a temptation for the hospital authorities to try and keep down the expenditure. They knew that in the Hospital Sunday Fund certain hospitals stood high because they could work the thing for £60, while others

[* If twenty minutes is the time usually allowed, I should advise that the limit should be half-an-hour.—L.T.]

did it for £70, and this would be a temptation in hard times for them to keep the expenditure low. He thought it should be very clearly insisted upon if there was anything like opposition on the part of the authorities, that they were endangering the usefulness of the institutions.

The CHAIRMAN thought he might say in reply that there was great opposition on the part of the authorities' purse, and there was no doubt that the contest between the purse and the desire was a real difficulty. This discussion was mainly useful in showing how far liberality might be safely and fairly judged in.

Miss TWINING did not agree with the belief that the proposed alterations would add to the expense. In the case of the Kensington Infirmary, the result had been quite in the other direction. Directly she suggested the change the guardians seemed very much surprised, and said that the nurses had never complained to them. She hardly thought it likely that young women would be telling gentlemen what they required to eat. They said that her proposal was all in the direction of economy. One thing she suggested was the reduction of meat, which was an important piece of economy, and many of their suggestions were in that direction. It was not as if they were asking for the best joints, poultry, etc., but they were asking for farinaceous food and soup, which would be utilising the bones and scraps. These would not entail great expense.

Miss VINCENT said they found their Board of Guardians most liberal; in fact, she had had to restrain them at first, as they would have allowed the nurses chicken, etc. The dietary of fruit right through the season was unlimited. She thought it was a good thing to have a really good female cook. Their infirmary kitchen cooked for the nurses as well as for the patients, and the food was exceedingly well cooked. She thought that much depended upon the sort of officer they had in the kitchen.

Miss TWINING remarked that at one infirmary she had known, the matron was an utterly incompetent person, and that the nurses really could not eat the food. The matter was laid before the vice-chairman of the board; he had never heard of it, as the nurses would not complain. He immediately brought it before the board, who were most willing to do all in their power to remedy the matter.

Miss THOMPSON, of the London Fever Hospital, said that the nurses' food in that institution was very satisfactory. In answer to a question as to whether the probationers required as much attention in reference to food as the other nurses, she said that they all had the same work, and why should one be better fed than another? What they put their hands to they did with all their might. The probationer certainly had not got the same experience, but perhaps she had the same appetite.

Miss MAPLETON thought that the nurses' health was ruined by not being taken care of when first they came to the hospitals. She had seen very much of this. When they first go in the work is so very trying that she thought they required better food and more looking after than others who had been at it for years.

Mr. J. S. WOOD (joint hon. sec. to the Association) said that Miss Twining had introduced the infirmary into her subject, but in one very great particular the infirmary differed from the hospital, infirmaries being supported by the rates, while the hospitals were dependent upon voluntary contributions. It was probably owing to the fact that the infirmaries are supported by the rates that at Kensington Miss Twining found no difficulty in getting the guardians to give the nurses everything that was suggested. They all knew the difficulty they had at hospitals to husband their funds, but he was nevertheless persuaded that the diet of nurses was not to be neglected because of the scarcity of money. He thought that some practical answer might be given to the question put by the Rev. Edwin Price as to whether the subject has been brought to the notice of boards of management, and whether it had been rejected or acted upon. He suggested that the Chair-

man should put to the meeting the question, "Has the subject of improved dietary for nurses been brought to the notice of the authorities and rejected?" and that any ladies aware of instances where that had been the case should hold up their hands. He believed that it would be found that committees were willing to give the greatest consideration to the comfort and happiness of their nursing staff.

Miss TWINING remarked that what they had suggested was not any increase in expenditure; it might involve a little more labour, but they had shown that a little more care would remove that.

A lady in the company suggested that it did not depend so much upon labour as upon the cook. It would be a clear gain if the nurses' health were improved. How much money was not spent in sending nurses on holidays to recruit their health.

The question was then put whether any ladies knew whether governing bodies had rejected the subject, but no hands were held up.

The CHAIRMAN said that there was no necessity for him to sum up the discussion, for Miss Twining had had it all her own way. It was obvious that they all went with her in considering that variety of food was not only necessary for nurses, but really economical. As, then, he felt that it would be useless for him to sum up what they had heard, he would rather change the direction of his remarks, and ask them to consider whether the meeting had not shown the value of the institution to which he and the Secretaries had had the great pleasure of welcoming them that evening. He thought that had it not been for the Hospitals Association it would have been difficult, perhaps, for Miss Twining to collect that audience, and it might have been rather a delicate matter to get a place in which ladies could freely express their opinions as he hoped they had that evening. He would ask them to consider that evening's discussion as one out of a hundred subjects on which the Association might be useful to the institutions for the benefit of which it had been organised.

THE RULES AND CONSTITUTION.

I. The Hospitals Association shall consist of ladies and gentlemen connected with the various branches of hospital administration.

Objects.

II. The objects of the Association shall be (1), to facilitate the consideration and discussion of matters connected with hospital management; and, where advisable, to take measures to further the decisions arrived at; and (2), to afford opportunities for the acquisition of a knowledge of hospital administration, both lay and medical.

Means.

III. The Association shall afford facilities for the reading, discussion, and publication of approved papers; for the delivery of lectures and for the holding of conferences on hospital administration, hospital management, medical relief, medical education in relation to hospitals, free, and provident dispensaries, and other kindred subjects; and shall found a library, consisting of works on hospital administration, construction, finance, and statistics.

Accommodation.

IV. The Association may from time to time acquire by purchase or lease for its purposes the whole or part of any building or buildings, upon such terms as may be thought fit, and shall also have power from time to time to sell or surrender any premises which, in its judgment, are no longer required for such objects.

Membership.

V. The Association shall consist of members and associates, who shall be elected by the Council. Each applicant for admission shall be nominated by two or more members, who shall certify in writing that the candidate is a fit person to be elected a member or associate of The Hospitals Association.

The subscriptions of members shall be one guinea, and of associates ten shillings and sixpence, payable annually in advance, on the 1st of January in each year. One year's subscription shall be payable on admission, unless the date of admission be later than the 30th of June, when only a half-year's subscription shall be so payable. The subscriptions of members and associates may be compounded for by a payment, at any one time, of ten guineas and five guineas respectively. Members and associates shall be entitled to attend and vote at all meetings of the Association, but members only shall receive gratuitously the published papers or journals of the Association, and be entitled to the use of the library.

The Council shall have power to elect as honorary members men of distinction in the practice or literature of hospital administration, medical education, statistics, or other kindred subjects, provided they do not reside within the metropolitan postal district.

Council.

VI. The control of the Association shall be vested in the Council.

VII. The Council shall be chosen annually at the general meeting from the members to conduct the affairs of the Association ; and shall consist of a president, four vice-presidents, a treasurer, and twenty-five members, one-fifth of whom shall retire annually in rotation, the order of rotation in the first instance to be decided by ballot or otherwise. The five retiring members shall not be re-eligible for one year. Every member shall be eligible to fill any of the offices in the Council, but no member shall hold more than one office at a time.

The president, four vice-presidents, and treasurer shall *ex-officio* be members of the Council. They shall be elected each year, at the annual general meeting, from among the members of the Association. Each shall be eligible for re-election, and shall hold office until his successor is appointed, provided that no office shall be held by the same person for any longer period than five consecutive years.

The notice convening the annual general meeting shall state the names of those recommended by the Council for election as president, vice-presidents, treasurer, and as members of Council to supply the places of those retiring.

Sectional Committees.

VIII. The Council shall have power at their discretion to elect in any year one or more sectional committees, *e.g.* :—

1. For *General Administration*.
2. For *Medical Administration*.
3. For *Executive Management of Hospitals*.

Each sectional committee may consist of not more than twelve members and associates, and may meet once a month from October to April, or oftener, and shall possess the following powers and privileges :—

(1) The right to elect from amongst their members in each case a chairman and honorary secretary.

(2) The right to elect one of their number to represent them on the Council during the sitting of the said committee.

Three members of a sectional committee shall constitute a quorum. Minutes shall be kept of the proceedings of every sectional committee, which minutes shall be presented and read at the next succeeding meeting of the Council.

Vacancies in Council.

IX. On any extraordinary vacancy of the office of president, or any officer other than trustee of the Association, or in the Council, a meeting of the Council shall be summoned with as little delay as possible, and shall choose a new president or other officer of the Association, or member of the Council, as the case may be, to hold office until the next annual general meeting.

Auditors.

X. At the annual general meeting in each year, two members of the Association, not being members of the Council, shall be elected to act as auditors for the ensuing year.

The auditors shall hold office until the next annual general meeting and shall be eligible for re-election.

Trustees.

XI. The property of the Association shall be vested in three trustees, and a resolution of the Council shall, in all cases, be a sufficient authority and protection to the trustees for and in respect of any conveyance, transfer, payment, or other act thereby directed.

The present trustees are

Each trustee, whether already appointed, or to be appointed, shall hold office until his death, resignation, or removal. Any trustee may retire from office on giving a written notice, addressed to the Council, of his desire so to do. Any trustee may be removed at a special general meeting, if it shall be determined at the meeting that sufficient cause exists for such removal, and any vacancy in the office of trustees may be supplied from among the members at the same or any other special general meeting.

Secretaries.

XII. The Council may appoint two or more of their number to be honorary secretaries, and engage such paid officers as they from time to time deem necessary.

Quorum of Council.

XIII. The Council shall meet once a month, or oftener, as may be requisite. Five members to be a quorum.

Journal.

XIV. The Council may, from time to time, issue a journal, or such other publication as they may think desirable, and for this purpose appoint one of their members to be honorary editor, and engage such paid assistance, and apply in paying the expenses of the journal such part of the funds of the Association as in their judgment may be necessary.

Arrears in Subscriptions.

XV. In the case of any member or associate failing to pay his annual subscription, due on 1st January, before the 1st of March, notice shall be sent to him, or to his banker or agent, by the secretary; and if the subscription is not paid on or before the 1st of May, he shall cease to be a member of the Association, and his name shall be erased from the books accordingly; but he may be re-admitted by the Council upon assigning reasons which they shall deem satisfactory for his failure of payment.

Resignations.

XVI. Any member or associate may resign, on giving notice of his intention in writing to the Council; but no one can withdraw his name from the books of the Association unless his subscription shall have been paid for the year in which the notice of his resignation is received.

Removals.

XVII. A majority of not less than three-fourths of the members of the Council present at a meeting, special notice having been given for that purpose, may remove from the books of the Association the name of any member or associate who, in their judgment, shall have been guilty of any act derogatory to his character and reputation, and calculated to bring discredit on the Association, and he shall thereupon cease to be a member of the Association.

Meetings.

XVIII. The ordinary meetings of the Association shall be held monthly or oftener, during the session, which shall be from October to May, both inclusive, on such days, and at such hours as the Council shall declare.

Annual General Meeting.

XIX. A general meeting of members or associates shall be held once in every year, at such time as the Council may determine, to receive the report of the Council and the treasurer's accounts, to elect the officers of the Association, and to decide questions concerning its rules and management.

Special General Meetings.

XX. The Council may, when it appears to them necessary, and shall on the written requisition of not less than fifty members of the Association, call a special general meeting of the Association.

Notices of Meetings.

XXI. All notices of general meetings shall either be delivered at, or sent by post to the last known address of each member of the Association ten days at least before the day of the meeting. Every notice of a special general meeting shall specify the object for which such meeting is convened.

Elections.

XXII. All elections, whether by the Council or otherwise, shall be by ballot, and except where the constitution shall otherwise provide, all elections and all questions shall be determined by a majority of votes.

Bye-Laws.

XXIII. The Council may, from time to time, make such bye-laws, not inconsistent with this constitution, as in their judgment may be necessary or desirable in the interests of the Association.

Alteration of Rules.

XXIV. A majority of the members and associates present at a special general meeting shall have power to make, from time to time, any alterations in the constitution not inconsistent with its main object; but no alteration shall be made without notice of the proposed alteration having been given in the notice convening the meeting, nor until the minutes of such meeting have been confirmed at a subsequent general meeting, ordinary or special.

REGULATIONS CONCERNING DISCUSSIONS.

1. Persons desirous of taking part in the discussions are requested to send up their cards to the chairman, by whom they will be called upon to speak.
2. Speakers will be limited to ten minutes. A bell will be sounded two minutes before the close of the allotted time.
3. Resolutions put from the chair must only be in the form of recommendations to the Council, by whom all such recommendations will be carefully considered.

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THE HOSPITALS ASSOCIATION.

SESSION 1885-86.

FIRST GENERAL MEETING, NOVEMBER 18th, 1885.

THE first General Meeting for the session took place on the evening of Wednesday, November 18th, 1885, at No. 1 Adam Street, Adelphi, W.C. Sir Edmund A. Currie presided, and among those present were Mr. Burdett, Miss Cuthbertson, Miss M. S. Crossland, Miss E. Darby, Miss M. H. Duncan, Mr. J. Furley, Dr. Gilbert-Smith, Miss Victoria Jones, Mr. T. Almond Hind, Miss Eva Lückes, Dr. Shirley Murphy, Miss Meyrick, Mr. John Malcolm, Mr. Newton H. Nixon, Miss R. Paget, Mrs. Smith, Miss Taylor, Miss L. Thomas, Miss Edith Walker, Mr. J. S. Wood, Mr. Keith D. Young.

In opening the proceedings the Hon. Sec., Mr. T. ALMOND HIND, read the Minutes of the last meeting, which were confirmed.

The CHAIRMAN having called on Dr. Steele, that gentleman proceeded to read the following paper:—

CHOLERA AND THE HOSPITALS.

It has occurred to me that an evening might be profitably spent by the Hospitals Association in considering how far our hospitals are prepared to deal with an epidemic of cholera, should the pestilence revisit us, and what lessons the past has taught us for our guidance in the future. London, along with the chief cities of the empire, has had to contend with four visitations of cholera, the first outbreak taking place in the year 1832, the last in 1866, while on each occasion it has been preceded by the prevalence of the disease in some part of the continent of Europe. From the fact of the metropolis being situated on an estuary to which the merchant fleets of all nations have ready access, and allowing for the migratory character of a large section of its population, it apparently presents a facile medium for the ingress of any roving distemper which may have previously visited other countries or have taken up its abode in our own. This may

be true to some extent; but, having regard to the ever-increasing masses of its population, London, taking it altogether, has really been less susceptible of epidemic influences than many other centres of population, particularly in the north, and in the towns of Ireland.

Till the middle of the present century, and in some instances within the last few years, the hospitals and county infirmaries received cases of contagious disease into the general wards, and, when an epidemic was prevailing, into wards specially assigned for the purpose, but with a direct communication with the rest of the hospital. This was, of course, the normal condition of matters in the London hospitals on the first arrival of cholera, in the year 1832. The circumstances were novel, for since the outbreak of the plague in the seventeenth century, although London had suffered at intervals from severe epidemics of fever and small-pox, it had never had to contend with a distemper so appalling as Asiatic cholera. The first brunt of the epidemic naturally fell upon the hospitals, as has been the case with successive outbreaks; but, these being totally unprepared for such a wholesale encroachment on their daily work, the Vestries and Guardians of infected districts, acting under the authority of a central Board of Health, were compelled to provide whatever refuge they could for the cholera-stricken. This provision consisted mainly of the workhouses; but, to supplement these, numerous temporary hospitals were improvised out of warehouses and empty lodging-houses, while a large contingent of poor law medical officers were employed to attend the sick at their own homes. There was no public registration of deaths and population at this time, and our information regarding it is consequently meagre in comparison with that of those epidemics which succeeded it; but it had one beneficial and marvellous effect—almost for the first time in our history the eyes of the legislature had been opened to the dangerous conditions under which large communities live and die, and agencies were set to work, all too slow, to try to remedy them. The period synchronises with the dawn of sanitary science; for the repression of disease was then first seriously thought of as a measure of state policy. After the introduction of a much-needed reform in Poor Law administration, a series of valuable reports, compiled by the best authorities then living, on the sanitary condition of the labouring popula-

tion and on the health of towns were issued, ultimately leading to much useful legislation; and in anticipation of a second epidemic of cholera, a Metropolitan Sanitary Commission issued an excellent Report in 1848; but before its recommendations could take effect the cholera was upon us and attacked a larger number than it had done before or since. This epidemic was followed by another, five years afterwards, long before the arrangements contemplated could have taken effect; still the returns for London show an improvement on those for 1849.

The three epidemics are contrasted for a period of twenty-three weeks' prevalence each:—

CHOLERA			DIARRHOEA		
Year	Deaths	Ratio per 10,000 living	Year	Deaths	Ratio per 10,000 living
1849	13,565	51	1849	2,926	13
1854	10,684	43	1854	2,551	10.1
1866	5,548	18	1866	2,692	8.8

Dr. Farr's death-rate of comparison and Mr. Chadwick's indefatigable industry realised the conditions under which epidemics spread, and proved beyond doubt that the two great factors in London were foul water-supply and insufficient drainage. To remedy the first, the water companies were compelled to take in water above the tidal flow and vastly to improve their filtering beds, while their works were placed more or less under Government inspection; and to deal with the sewage difficulty, the Metropolitan Board of Works was instituted. Dr. Farr and others had shown that the regions most affected by cholera were those situated either below, on a level with, or a few feet above high water mark, and it was found absolutely imperative to divert the sewage from the river banks and carry it down the Thames as far as it was practicable to do so. While these and numerous other measures were in progress, constituting the only true line of defence against zymotic disease, London had the good fortune not to have any return of cholera till 1866, by which time the system of main drainage was almost but not quite completed. I may mention here, although it has not much bearing on the causation of cholera, that during the interval referred to, an inquiry, originating with the

Government, into the condition of barracks and hospitals was set on foot, and much useful information was elicited by the Royal Commission, which afterwards appeared in a report on improved hospital construction, cubic space, water supply, warming, and ventilation. Though limited in its scope to the wants of the army and navy, the recommendations and suggestions contained in this report were equally applicable to the requirements of civil life, and have since then been almost universally adopted in the construction of general hospitals, workhouses, and parish infirmaries, while hospitals built during the presanitary period have been subjected to much alteration and rearrangement in their structural details.

The years 1865-66 found the metropolis pretty well defended against the invasion, as the result showed, especially those quarters which had previously suffered from bad water and insufficient drainage; but at the East-end, some 12 feet above high water mark, and in a district where the people had hitherto suffered far less from cholera than the dwellers on the Surrey shore, a remarkable outbreak took place, which, from its suddenness, was at the time termed an explosion; for of the 5,000 and odd deaths recorded 4,000 were recorded in the district which had hitherto been comparatively free from it.

Mr. Netten Radcliffe reported on this outbreak: he adduced very strong evidence to show that at the period in question the East London Water Company was supplying the infected district with impure water: with this fact he combined that of the low level sewer on the north side not being yet completed; and he felt himself justified in attributing the outbreak to one or to both of these causes.

The explosive character of the outbreak may be gauged from the fact that the first case occurred in Poplar on July 18; and two days after Mr. Nixon wrote to the *Times* to say that the patients were being brought to the London hospitals in such numbers that it was impossible for the hospital authorities to cope with the epidemic. As had been the custom in the large hospitals, two wards on the ground floor had been set apart in anticipation of an outbreak. If the accommodation is detached from the body of the building so much the better; but when this is not possible, precautions have hitherto been taken to minimise the necessary communications with the rest of the hospital, less from an idea of contagion than from a feeling of

policy and humanity. But the two wards, male and female, have hitherto proved too small in the event of the disease acquiring a lodgment in the locality; and the responsibility of grappling further with it has been transferred to the Local legal authorities, who have done their best with their workhouse wards, while a considerable, perhaps the larger, number of patients have been treated in their own homes. With respect to the home treatment there has always been much diversity of opinion. In many cases the disease proceeds with great rapidity, and it would be hazardous in the extreme to remove a patient from his home after the period of collapse has set in; but, apart from this, there can be little doubt that it is far better to remove the sick from their often miserable surroundings, and to isolate them in places where appliances are at hand for their treatment. As the period of what has been termed the zymotic fervour of the complaint in London has been limited to a few months in the hottest period of the year, it would be manifest folly to have buildings specially constructed for the reception of cholera; and we must have recourse in the future, as in the past, to those exceptional measures of isolation which have proved most useful. Still, numerous difficulties and dangers encompassed the old system from which we hope to be freed.

The authorities of each parish or each union of parishes postponed matters till the last moment, refraining from immediate action till the epidemic was among them, when they were compelled to utilise any make-shift accommodation that came handy, regardless of its sanitary shortcomings. All this gave rise to panic, and the psychological condition induced thereby had, it may be supposed, a baneful influence on the community at large, and the only way of remedying this state of things was by the abolition of the absurd independence of individual parishes. Such was effected by what is popularly known as Gathorne Hardy's Act, passed in the year following the last great outbreak of cholera, and which, by making London virtually one union, has been an unmitigated blessing to the sick poor, especially in seasons of epidemic distress. The hospitals, workhouse infirmaries, not to mention private houses, are now readily relieved of small-pox, scarlet fever, and typhoid fever, if so minded; but I am doubtful whether it is altogether desirable to dissociate typhoid fever from the hospitals, especially from

those connected with medical schools. This question has excited much discussion in some of the large cities in the north; and the managers of the hospitals there appear to have thrown the entire responsibility of treating typhoid on the municipal authorities and on the Poor Law Guardians, virtually excluding the disease from the general hospitals. Possibly they may be logically correct in their decision; but I scarcely imagine that the London hospitals are prepared to make a sacrifice of such an important field of clinical instruction, not less valuable to the medical student than to the nurse, who are both in training to minister to the disease in public as well as in private life.

I have referred specially to typhoid, because in one important feature, and one only, it resembles cholera—namely, in its partial communicability from person to person. Mark me, I shrink from using the terms infection or contagion, because these words imply so much, and are to many minds misleading. Since the first outbreak of cholera in this country, the question of its contagious or non-contagious character has been continuously, and sometimes acrimoniously, discussed; but I believe, with the exception of most of our Indian confrères, the idea has gradually gained ground, and is now almost universally entertained, that under certain conditions, which are even now not quite clear, the disease may be communicated to others in the vicinity of the sick in a similar way as typhoid fever is communicated to our medical men and nurses. On the other hand, we have arrived at the comforting assurance that by the employment of certain sanitary precautions it is in our power to reduce the fatal presentiment to a minimum, and to render the complaint comparatively innocuous in the sick chamber.

I have already noticed what had been done prior to the last advent of cholera in improving the drainage and water supply. Since that time both services have been still further improved, and although no one can say we have reached perfection (it is our privilege to be continually grumbling), the combined effects are manifest (notwithstanding an unparalleled period of depression of trade) in the reduced death-rate of the metropolis; and we may safely leave these matters in the hands of Sir Francis Bolton and Sir Joseph Bazalgette, the respective *œdiles* of the water companies and the Metropolitan Board

of Works. What more concerns us is, first, the hospital accommodation available in London in the event of an epidemic. In anticipation of the calamity, the Metropolitan Sick Asylums Board, now charged with the additional responsibility of dealing with cholera, has made tentative arrangements by which 1,500 beds are at their disposal in the various curative establishments and workhouses throughout London, exclusive of 300 more procurable in a fortnight on the advent of the disease. Of the 1,500 beds the general hospitals have undertaken to provide 600, the expenses being defrayed from the common Poor-fund, the arrangement being an entirely new departure in the relations which have hitherto existed between the general hospitals and the Local government; and we may reasonably hope that it may lead to others, which could not fail to be useful to the sick poor as well as to the medical schools. The 1,500 or 1,800 beds provided will, probably, never be required; for, as Mr. Shirley Murphy in his Report to the Asylums Board, from which these figures are taken, shows, cholera, following its usual course, may be expected to concentrate itself in one or two districts only, where the accommodation would fall far short of the need, while the greater portion would remain unused. It appears from the Report that an attempt has been made to fix the hospital centres as nearly as possible within a mile's radius of the inhabitants of each separate district, so as to facilitate transport; but Mr. Murphy deplures that in some large areas, particularly in South London, there is absolutely no accommodation whatever. This want can only arise from a feeling on the part of the Guardians that it would be dangerous to set apart a portion of their workhouses for a disease which they imagine to be of a spreading or infectious character, but which the medical men attached to the great hospitals have no hesitation in receiving into the same building with patients suffering from every form of disease.

Ready and easy means of transit to the hospital is of cardinal importance; for if the removal is delayed it would be much better to allow the patient to be treated at home. Patients suffering from abdominal complaints like cholera or typhoid, or in fact from any serious illness, ought to be conveyed to the hospital in the recumbent position, and the ambulance corps of the Asylums Board is admirably

suited for the purpose, and would, doubtless, be brought into use should the occasion require it; still, in spite of the telephone and telegraph, well-horsed ambulances, and the like, people will insist on bringing their relatives to us in street cabs, and it would be tantamount to cruelty to refuse them admission. I mention this because there are so many people in London totally oblivious of the headquarters of the health officer or of the parish doctor, but who would have no hesitation in drafting off their afflicted friend to the nearest hospital, and thus relieve themselves of further trouble. It would be well, at the outset of any future epidemic, to inform the poor what to do in the event of cholera appearing among them. The Diseases Prevention Act is sufficiently elastic to permit the ambulances to be used at the request of any medical man, or even by the police on the beat. The St. John litter, now employed at all the police stations, might also be pressed into the service.

Now with regard to the treatment of the patients and their surroundings after they have been received into the hospital, I need not tell you that we have no specific for cholera any more than we have for the various malignant affections which from time to time have decimated the population; nevertheless, we can do much, and every day we are learning to do more.

With the return of summer and autumn we have thousands applying at the hospitals, day and night, for relief for diarrhœa. The symptoms in many of these cases simulate very much those of cholera, and the applicants in all cases are solaced with a dose or two of some astringent mixture, probably chalk and catechu, which as a rule is consumed on the premises. Previous visits of cholera to London correspond with this period, and it is always advisable to check the premonitory symptom. All hospitals possess formulæ for the purpose, varying a little in their relative ingredients, but there can be no doubt of their individual efficacy. By all means let us dispense the diarrhœa mixture freely at hospitals and dispensaries, without inquiring too closely into the social status of the patient. Last summer I heard a distinguished Indian authority suggest that every policeman should be furnished with a packet of camphorated chalk powders to administer to the sufferers on his beat; but without going so far (for the guardians of the public peace are not to be

trusted with the public health), it is very desirable, nay imperative, that in every district threatened with an outbreak of cholera, a system of house-to-house visitation by competent persons should be rigidly enforced to instruct the inmates what to do, and to see that it is done. No doubt the staff of Poor Law medical officers would be reinforced for the purpose ; but we have amongst us several nursing associations, whose sphere of duty lies among the poorest, and who are admirably suited by their training and social surroundings to undertake the work.

The East London Nursing Society traces its origin to the last epidemic of cholera, and was found so helpful then that the clergy and others who work among the poor in the East-end decided that it should become a permanent institution ; and it could be readily developed in an emergency by the assistance of the Local government. Such societies are invaluable in every way ; they afford most important aid to the district medical men ; they are always accessible and available ; and, acting under instruction, the nurses give sanitary advice as to what is best to be done, besides attending to the more pressing requirements of the sick.

But to return to the hospitals. It may be taken for granted that the accommodation selected for the treatment of cholera in the hospitals and workhouses is suitable—that is to say, that the wards are roomy, well ventilated, and furnished with proper appliances. It ought, on the other hand, to be fully understood by the Asylums Board, that when we undertook to receive their patients we did not bargain to receive any portion of their belongings. The patients would in all probability be brought to us wrapped up in blankets ; we want neither the blankets nor their clothes, which must be sent back to be dealt with by the health officer. I have heard many of our leading physicians say that in typhoid fever everything depends on the nursing ; I have heard others equally experienced in cholera say the same thing with regard to that disease ; but, if the statement be correct, and I do not for a moment doubt it, the nurses are scarcely to be congratulated on the success of their exertions ; for, of the cases of cholera treated in the London hospitals during the last four epidemics, rather more than one-half perished, and of those who contracted the complaint in the hospitals fully three-fourths died. For all

that, a nurse's services are invaluable in cholera. Dr. Sutton, in a report of the hospital in the East-end which he had charge of during the last epidemic, while paying a well-merited compliment to the Ascot Sisters who waited on the sick, declares that a nurse to each patient was almost required to do them justice, and considering the critical character of the cases, their unquenchable thirst, the necessity of maintaining the animal heat by mechanical appliances, combined with the scrupulous care now thought necessary for the collection and destruction of the excreta, we must make up our minds in any future epidemic to largely reinforce the number of nurses.

Many years ago Mr. Simon, in his Report to the Privy Council on the sanitary condition of hospitals, summed up his observations by insisting on the permanent necessity of cleanliness. Since that time the term has acquired greater significance than would simply be implied by an extra allowance of soap and water, because it is now made to comprise the extinction of those organic elements, whether in the air or in the water, which are known to us as the causes of disease, communicable by one person to another. Whether micrologists are right or wrong in their surmises with regard to the special organisms which are said to produce and reproduce cholera and typhoid fever, is little business of ours. We are only too grateful for the knowledge, of which there is indisputable evidence, that the power of reproducing each of these diseases is inherent in the excretions of the body, and that this power may be rendered innocuous by heat or by certain chemical agents which we call disinfectants. But to be successful in their object these agents must be diligently and carefully employed, with a thorough belief in their efficacy, just as Lister's antiseptic dressings are in all our surgical wards. Now the persistent employment of disinfectants or antiseptics in wards set apart for zymotic disease naturally falls to the lot of the hospital nurse, and I trust it will not be going beyond the province of this society if I briefly suggest which of these agents are likely to prove most serviceable in cholera. Every one is aware that so long as a person is suffering from scarlet fever, small-pox, and, in a less degree, from typhoid or cholera, it is impossible to exterminate the organisms escaping from his body, and which, we have reason for supposing, contain the germs of these distempers, but we have the power,

nevertheless, to attenuate their virulence if not to destroy them in their course. By extinguishing the bacteria in the atmosphere round a wound, and then rendering the ordinary air innocuous by covering up the wound with antiseptic dressings, the surgeon establishes a healthy action, and the surgical wards of hospitals are no longer haunted by hospital gangrene, erysipelas, or pyæmia; but with constitutional diseases of a communicable type the conditions are very different. Here we have to deal with the excretions, whether they come from the lungs, the skin, the stomach, or the bowels—in cholera, certainly from the stomach and bowels—and to deprive them of their virulence before they can do further harm. The so-called disinfectants usually employed in hospitals are not very numerous, although we have a legion recommended for our approval. Among the best I might enumerate chlorine in its various combinations with zinc, lime, soda, potash, &c.; but those which probably find most favour are carbolic acid and a powder containing carbolic acid in combination with a soluble salt of lime. Eucalyptol, thymol, sanitas, and the terebenes are little employed for the purposes referred to, although Condyl's fluid permanganate is much had recourse to. To further the disinfection of the excreta as well as for the convenience of the attendants, soil basins are now employed in most hospitals apart from the ordinary closets. These vessels, which the nurses persist in calling sluices, ought to be of copper and large enough to hold a bedpan; they should have water laid on to them, each being furnished with a syphon trap of earthenware, while the soil pipe continuation should be in direct communication with the external air. Such basins are an absolute necessity in cholera wards, and each time they receive the egesta, some disinfecting material should be thrown down them; it would be necessary also to have an antiseptic put in the collecting vessels before they are removed from the bedside. As I said, carbolic acid and carbolate of lime are most employed, but the latter is not so soluble as is usually supposed, and there are grave doubts whether carbolic acid in the strongest solution it can make with water is thoroughly efficacious. The pure acid, and even the impure, are very expensive, too expensive in fact to allow of a very free use, while they are acrid poisons; and it is a wholesome rule in most hospitals to dispense with every poisonous agent that might find its

way among the domestic appliances of the wards. I would suggest as a substitute sulphate of iron or green vitriol, a soluble salt with powerfully oxidising properties, which for many years has been recognised and employed by chemists and sanitary officers all over the country, but has not made much way as a depurant or purifier in hospital practice. I believe the reason of its exclusion is due to its liability to stain linen and cotton fabrics, to ironmould them; and nurses and ward maids have a natural antipathy to anything that would mar the spotless whiteness of their cap strings and aprons. In anticipation of some of our wards being used for cholera, I had this box made to hold a few pounds of the salt, which would be fixed over the soil basin and be furnished with a wooden spoon with a long handle, and the nurse need not fear its coming in contact with her linen. Another objection with which I am inclined to sympathise. Most people fancy that you cannot destroy a bad smell without having an odour equally, if not more, powerful to neutralise it. The sulphate of iron has no smell, but it would be easy to add to the crystals some powerfully smelling substance—probably carbolic acid would answer best, as there is now a universal belief in its properties.

Let me conclude with one word of hopeful admonition. Some very good people were in the habit of saying, and I dare say they do so still, that epidemics like cholera were sent to us on account of our manifold sins and wickedness; and if these authorities would confine their preconceptions to our sins of omission, I for one would be disposed to agree with them, for we have no clearer proof of the benefits accruing from a rigid attention to the laws which govern and improve our well-being than the disappearance from among us of many of those diseases which sadly disconcerted our ancestors. In this country we have got rid of leprosy, ague, typhus fever, influenza, and the poison leaven which formerly afflicted our hospitals, and why cannot we get rid of cholera, which seems within measurable distance of our means of extinction? Let us do what we can; it is our obvious duty to be always on the alert to mitigate, if we cannot avert, a foreseen calamity, and in the words of the great Scottish divine, Thomas Chalmers, ‘to trust in God, as if God did all, and to labour ourselves as if man did everything.’

DISCUSSION.

The CHAIRMAN.—I now invite discussion on the admirable paper to which we have all listened. There are many people in this room who will be able to tell us something upon this subject. We have my friend Mr. Shirley Murphy who has lately had a good deal to do with preparing for cholera if it should visit our shores. We shall be very glad to hear him open the discussion.

Mr. SHIRLEY MURPHY.—I am sure we all feel indebted to Dr. Steele for the admirable paper which he has read to us this evening. It is one which will, I think, serve many purposes, more particularly, perhaps, by allaying some of the alarm which is felt in public institutions with regard to the reception of cholera patients into them. The Metropolitan Asylums Board have been anxious to make arrangements with various institutions, particularly the metropolitan and general hospitals and such places, in order that cholera patients might be received into one or more wards of those institutions, and that there might be centres provided where patients could be received from the surrounding neighbourhood. Dr. Steele's experience during the past epidemics is of special value. There is one point that I might refer to, as bearing upon the question of hospital provision for the metropolis, that is that at the present time the metropolitan workhouses, as is generally the case in the winter, are very full. The amount of spare accommodation in them is of the most limited description; in fact, they are only built of a sufficient size to meet the demands of the parishes in which they are situated. In the summer months, however, the workhouses are empty, people find employment in the fields, and there is generally an amount of accommodation, which would be very valuable should cholera invade London. Fortunately for us cholera is a summer disease; it has never been known to invade England during the winter, although when it has invaded England in hot weather, it has extended into colder weather before it has been entirely eradicated. The accommodation in the extra metropolitan workhouses which becomes available during the summer is very considerable indeed, so much so that if the Boards of Guardians in London only chose to arrange with the Boards of Guardians of workhouses in other parts of the kingdom, particularly, perhaps, those of the counties near London, there would be, I believe, very ample accommodation for the cases of small-pox in the London hospitals. It would be possible to transfer to the country hospitals the inmates of the London workhouses, and give up, perhaps, in each institution, two or more wards for the reception of cholera patients in London. Such an arrangement would, of course, necessarily have to be made with the central Board; and there is every reason to believe that every assistance would be given to facilitate the arrangement. If there is one disease that nobody need be afraid of, it is cholera. If people would only drink clean water and keep their houses

clean, they need not be afraid of cholera. The nurses are very unlikely to have the disease, and the attendants in cholera hospitals do not suffer more from cholera than those resident in the neighbourhood generally. Ordinary cleanliness, with reasonable precautions, is enough to protect every person, whether he is in contact with cholera or not, against the disease. Of course, if the water supplies get infected and people drink the water that is infected, there is no doubt whatever that they will have to suffer. I believe that the societies such as Dr. Steele has indicated are of great value in teaching the people these lessons. It is not every one who has had experience of the disease, and one knows how rapidly large numbers of persons are likely to get panic-stricken, and the influence of such societies would be to teach people what they should do and how they should proceed to avoid infection. They might be useful, in the event of infection arising, in giving such help as would be required in a house that was perhaps, invaded by the cholera, and where the sufferers were too ill to be removed. Doubtless, arrangements would be made by the Local authorities (at least one trusts that they would be made) that would insure a sufficiency of the nursing staff, but it is obvious that a suddenly organised staff of nurses, enormous as their value would be, would not be as efficient as a staff gradually got together. Therefore, the aid that ladies could give in superintending the arrangement of households would be simply enormous.

DR. GILBERT-SMITH.—I think that no more important subject could be brought before the Association than this; for I believe that, though we have had a scare in London during the last two years, in anticipation of a visitation of cholera, yet that perhaps, seeing that the anticipated outbreak of cholera has not come, and that very probably it may still be coming, and that, it having failed to come these last two years, people will forget the scare and forget the cholera, and be just as unprepared when it does come. I think then that this discussion is therefore all the more valuable if it will keep in our minds not the scare but the necessity of being well prepared, and for making all due preparations in hospitals and asylums boards. In listening to Dr. Steele's admirable paper, the first thing that struck me was the value of his remarks about typhoid fever. I had not before thought of typhoid fever being excluded from the general hospitals, and it struck me as a case in point to show what an evil effect it would have if they were to abolish it from our general hospitals. To contrast how little we know with regard to typhus fever here in London, I may mention that I am not aware of a single medical student, and I am not aware of many hospital physicians and surgeons who have treated a case of typhus fever, and I should think that the spread of typhus fever would be largely diminished if the medical men of the country had some means of recognising it in its early stages. I have been practising in connection with hospitals in London for fifteen years. I do not think that I have seen more

than two cases of typhus fever during all that time. We never see it in any general hospital, so that as bearing upon the question of the treatment of acute diseases, such as cholera, it is really a most pertinent remark, that of Dr. Steele's, about the abolition of typhus fever from our hospitals. I believe that if typhus fever were abolished from our general hospitals, the training experience which nurses get in nursing such a disease as that would be entirely taken away from them, and that the result would be that such a disease would be very ignorantly dealt with. The next point that struck me in this paper was his remarks about ambulance. That is a most important question. Any one who has read anything about the ambulance question in London cannot but be sad at the lamentable condition of London with regard to its ambulance provision. It is true that the Metropolitan Asylums Board have their ambulance system, and a splendid system it is, but there is an ambulance system wanted all over London, and, as you very well know, efforts have been made, but these efforts have failed to inaugurate a proper and adequate system. With regard to infection I feel certain that with due precaution (and surely there are better precautions than in 1866) there would be practically no danger of the spread of infection or liability to cholera and death in a large institution. I may say, as bearing upon the remarks of the last speaker as to what preparations were made at the London Hospital in case of the advent of cholera, that we at the London Hospital laid down certain rules. We first of all thought that it would be only a duty on our part to assist the Metropolitan Asylums Board to the full extent of our power, by placing any number of beds that we could spare at their disposal in case of an outbreak, but at the same time we thought that sufficient care should be taken to meet the just and natural claims of the people of the district, so that they should find an asylum in the London Hospital, and that patients from other districts of the metropolis should not be sent to us by the Asylums Board, and so fill our beds and shut out the inhabitants of the immediate district. I recognise also the great value of dealing properly with excreta, and may here note that during the last epidemic at the London Hospital they buried all the excreta. Trench after trench was deeply dug and filled as it was wanted by the excreta from these cholera patients: and I may say that no case of cholera was ever known to spread in any way from any poisonous atmosphere arising from the ground in which this excreta was buried. Dr. Tidy, Sir Andrew Clark, and one or two more of us thought that we could burn this excreta, but we found that it was impracticable. We also came to the same opinion as Dr. Steele has arrived at, viz. that sulphate of iron was the best and the cheapest disinfectant. In conclusion I would state that we cannot be too much indebted to Dr. Steele for the admirable paper which he has brought before us, and I think, if it will only lead to the subject being dealt with so as to prepare us

for an outbreak of cholera, that this Association will be fulfilling the greatest hopes that those who have started it have of its usefulness and of its need.

Mr. BURDETT.—We may fairly agree that this is an excellent subject to open the discussions of the Hospitals Association with. I think the Association is to be congratulated on the fact that a gentleman with so many occupations and so many anxious duties as Dr. Steele has (who is allowed to be an eminent authority on the subject dealt with in the paper) should exercise the amount of self-denial necessary to give the labour which he has expended upon this most useful paper. I think it would be very advantageous if you, sir, would, in the course of your remarks, which we shall all look forward to before the meeting closes, deal with the subject of the provision which is already made, or is likely to be made in the metropolis by other authorities than those known as hospitals proper, i.e. as general and special hospitals supported by voluntary contributions. We all know that the Local Government Board has been selecting sites for cholera hospitals, and making inquiries as to the kind of provision which those hospitals would be willing to afford in case of epidemic, making provision with a view of meeting any epidemic adequately and well. At the same time it would be very helpful to the hospitals themselves in the different districts to get something like a clear idea of what kind of help and the amount of help the Health authorities consider it desirable, useful, or necessary that individual hospitals should render in a case of cholera epidemic. During the three epidemics mentioned by Dr. Steele, the 'Dreadnought' Hospital obtained from the Government and maintained at its own expense a special ship for isolating those cases in that way, and they rendered very material service to the metropolis. Now, I would ask through the press, that the people in this metropolis should realise the simple fact that their improved system of drainage and improved water-supply in twenty years reduced the mortality from cholera from 51 per 10,000 living to 18 per 10,000, from diarrhoea in the one case and 8·8 deaths in the other. Now, if in 1866 our improved sanitary arrangements and our improved water-supply were enabled to reduce the deaths from 51 to 18 per 10,000, and if they will remember in that same year there were no less than 9 deaths, or half of the number from diarrhoea, I think they will see that before they are panic-stricken, and believe that cholera is a dreadful disease, and one which it appears must spread death to all who meet it, they should realise the precise facts, and that they should go farther and apply the figures that Dr. Steele has produced to this extent, that we are now twenty years ahead of 1866, and that if the mortality per 10,000 from cholera was reduced in twenty years from 51 to 18, there is every reason to believe and to hope that with the increased knowledge and the improved water supply and the improved hygienic conditions of the houses in which the people live, a further reduction in this might take place, nay

that we have reason to hope that the mortality might not be greater than from diarrhoea in 1866. I think, sir, that we are very much indebted to you for coming here to-night, and taking the chair, thus showing by your presence that you, who represent the outside authorities as opposed to the voluntary hospitals, are prepared to co-operate with them for the general good, and that you recognise that the efforts of the Hospitals Association are intended really and truly for the benefit, not only of those engaged in managing these charities, but also for the benefit of the public at large. I venture on behalf of this meeting, and on behalf also of the Hospitals Association, to express our indebtedness to you, sir, for presiding here to-night, and especially to Dr. Steele for the very able and exhaustive way in which he has treated this most important subject.

The CHAIRMAN then called upon Dr. Steele to reply.

Dr. STEELE : I should like perhaps to say one word in confirmation of what has been said by Mr. Shirley Murphy and the others—that there is really little or no danger in connection with the communication of cholera from one person to another, provided proper provision has been made for disinfection. It has been the object of every one in London, of all our sanitary authorities, to improve our drainage and water supply in the first place, and although that has been done in a wholesome way in connection with the metropolis, a great deal still requires to be done in what we might call private or individual hygiene in the houses of the poor. We have great difficulties to contend with in obtaining a pure and constant water supply, and in house drainage too, especially when large numbers are occupying very small rooms, and there are ten or twelve people, perhaps, living in a couple of rooms, as sometimes occurs in different districts in London, under very depressed and unsanitary surroundings. Diseases spread when people are situated in that position. It is to be hoped that measures will be taken by the various Vestries, and I suppose by the different Sanitary authorities in London, to see that the water supplies are kept good. I would advise all people who have any fear of the water not being good to use filters, or, what is still better, to boil the water, which effectually removes any deterioration that may exist in foul water. There is one good thing in the theories that have been lately proposed in connection with germs of disease as regards typhoid fever, and also cholera, and that is, that the germs or organic elements, in clothing and bedding, can be destroyed at a lower temperature than we formerly supposed. Dr. Koch, of Berlin, the greatest authority on this subject, and Mr. Watson Cheyne and others, have ascertained that the microbes and bacteria and bacilli, and most of these peculiar organisms, which are supposed to retain all these distempers, can be destroyed at a lower temperature than boiling water; and as long as even poor people have it always at their command to boil their clothes, linen, blankets, ticking, and bed-

ding, they have always the power, by the process of boiling, to destroy any contagion that might exist in the clothes, &c.

Dr. GILBART-SMITH : May I ask Dr. Steele whether in 1866, when there were cholera patients in Guy's, they had any difficulty in burying the bodies of those who died ?

Dr. STEELE : No, sir, I do not think so. I have been at Guy's during the last two epidemics, and in neither epidemic had we any difficulty about the burials. Our burials are done by contract, by an undertaker in the neighbourhood, and he has always contrived to bury the bodies without any trouble whatever.

Dr. GILBART-SMITH : May I ask what was done with the excreta ?

Dr. STEELE : There was little attention paid to the excreta in those days. We had not arrived at such a pitch of perfection as you have done in the London Hospital. With regard to the burying of the excreta, I cannot help thinking that you could get rid of it by means of soil basins made for the purpose, very much better than by burying it in the ground. I think that by using copperas and sulphate of iron, and by other methods, you might dispose of the excreta without doing any injury to the drainage.

The CHAIRMAN : Ladies and gentlemen, the last matter is that the Chairman shall sum up and express the thanks of the meeting to Dr. Steele. With regard to the last part we shall not have the slightest difficulty. With regard to the summing-up, at this late hour of the evening I do not think that you will care to have me detain you very long. The way in which the Asylums Board has come to be mixed up with cholera is simply this. Two years ago an Act of Parliament was passed after consultation with myself and others to have some central body who should act as a first line of defence in case of cholera here. It was not intended that the Asylums Board should undertake to deal with the whole of the cholera that came into London. The Local authorities are, of course, the right people in their own districts to deal with that. But it was felt that while the Local authorities were getting ready that when cholera first came, and it might come and proceed very rapidly, that there should be a body having the common purse at its back that should be able to deal with a danger which is common to all London, and which London should pay for ; and it was with that feeling that the Metropolitan Asylums Board were entrusted with the dealing with cholera as a first line of defence. The first thing the Metropolitan Asylums Board had to do was to ascertain the number of beds that it could secure rapidly in case of cholera coming. They put themselves into communication with the general hospitals, sick asylums, and various institutions limited, which were started under Gathorne Hardy's Act of 1866, for the purpose of ascertaining whether it was possible really to provide for the whole of London a certain fixed accommodation, as a first line of defence. That entirely broke down. It was found, as you know, that a mass of hospitals are in the centre of

old London, not in the suburbs where the thick parishes are. For instance, if you take the district of Camberwell and the south side of the Thames, there is hardly any provision whatever. We employed a large number of surveyors to ascertain whether we could get hold of some private property in those districts where there was no provision. We went to work very carefully and quietly, as people should; we did not want to create any fear, by having it talked about. The Government were exceedingly good to us in many ways, particularly in the matter of sites which they would be able to give us, provided the cholera came to London; and Mr. Shirley Murphy has inspected some eight or ten different sites where we could put up temporary hospitals. All the docks behaved exceedingly well, and the London Docks, St. Catherine's Docks, and the East and West India Docks, all offered us sites, which would be exceedingly valuable, because it is in that neighbourhood where the cholera seems always to have come; and so on the other side of the Thames, at 'Bricklayer's Arms,' we were able to get sites promised us. Dr. Gilbert-Smith has spoken with regard to the number of beds that we should be able to provide individually at hospitals. We take the hospitals as providing 600, and there are about a thousand more or less which we should see our way to be able to provide in the different institutions belonging to the Asylums Board, and the various Poor Law institutions in the different parts of London. As Mr. Shirley Murphy has explained that these institutions might be full in the summer time, arrangements will be made by which the Local Board will allow those persons to be moved rapidly away and those places will be utilised. I am very much obliged to Dr. Gilbert-Smith for the way in which he has alluded to the ambulance service of the Asylums Board. There is no question about it, and those gentlemen who came from Paris said the same thing, that the ambulance system, as far as the rapidity of moving small-pox patients and fever patients is concerned, at the present moment is probably unequalled anywhere. The ambulance is sent with a properly trained nurse, and there is not the slightest trouble in moving any number of persons in London. With regard to the ambulance system which would have to be adopted for cholera, it would have to be entirely different in character. We have provided a large number similar to those in use at the police stations, and we should be able to put hand ambulance or wheeled ambulance at the different stations in London, which would bring the patients in with great rapidity in covered litters, great care being taken that nothing should fall from them as they go along. I am very much obliged to you gentlemen, and to Dr. Steele in particular, for asking me to come here to-night. I know the work that these Hospitals Associations can do. I venture to think that they have a greater career in the future than they have had in the past. They have their eyes open to great questions which they may discuss, perhaps questions even more important than

those which they had in the past. When we see a large number of ladies and gentlemen come here, as this evening, who are really thoroughly a part of the great hospital system of London, I think if they come here and look into these difficult questions, there is no doubt that a great deal of good will result. I thank you very much for asking me to take the chair, and allow me on your behalf as well as my own, to thank Dr. Steele for his admirable lecture this evening.

Mr. BURDETT: I think it would ill-become us to let this meeting separate without a vote of thanks to the Chairman, for giving up his time this evening, and presiding over our proceedings. I am sure that all of us who take an interest in the development, progress, and efficiency of hospitals must certainly recognise that the Asylums Board has done a very useful work. There is no doubt about it, and it struck me very much, in inspecting those institutions, that they have increased the efficiency not only of their own hospitals, but by the good management within the walls of those institutions the work has had a great moral effect. It is only fair, when you criticise the Asylums Board as expensive, that we who know something about it should say publicly, that the Board do their work, so far as the construction and arrangement of their hospitals is concerned, in an excellent and admirable way. I should like to make one suggestion. We have all had to pass through a period when hospitals have been unpopular, that is to say, not hospitals so much, as the management of particular charities, but the idea of going into an hospital ward has been unpopular with the public generally. To do your work properly and efficiently, you should be backed by popular sympathy, that is to say, you should encourage the public to understand what you are doing. The more you make them familiar with the inside of your hospitals, the less they will resist admission to them when they are ill. I think, therefore, that when the Asylums Board hospitals are empty, you should take the opportunity of letting the people of the district in which they are situated know that they are at liberty to visit them and see them, and to inspect the accommodation provided. By that means you would increase the usefulness of your work, because you would make your institutions more popular than they have been before. There is nothing that the ignorant dread so much as the unknown. I believe it is the want of knowledge alone which makes some people feel that the hospitals are bad places for the poor. For my own part, having lived in and managed hospitals for so many years, I always say that if I am really ill I only hope that I may have hospital care, and I have reason to know, further, that this feeling is rapidly growing amongst the upper classes, as is shown by the success of the Home or Pay hospitals where we find that we have four, and sometimes five, applicants for every vacant bed at our disposal. Sir, I will not detain you longer: I have only made these remarks

as a practical worker in hospitals, as an act of sympathy and duty to yourself and colleagues, for the purpose of stating on behalf of myself, and of those present who represent the intelligent rate-payers of London, that we do feel that we are much indebted to you, and that we are glad of this opportunity of expressing heartily, and earnestly, and with all our might, our sense of that indebtedness. I have much pleasure in proposing a cordial vote of thanks to you, Sir Edmund Currie, for your presence and conduct in the chair.

Dr. GILBART-SMITH : I have great pleasure in seconding the vote of thanks which has been proposed, and may I put it to the meeting, that our cordial thanks are hereby given to Sir Edmund Currie, for his kindness in coming here to-night, and presiding over our meeting ?

The CHAIRMAN : I am very much obliged to you, Mr. Burdett, and to my friend Dr. Gilbert-Smith, for the kindness with which you have proposed and seconded this resolution, and to you, ladies and gentlemen, for the way in which you have received it. I only wish to make it clear, that it has been an immense pleasure for me to come, and I hope you will allow me to come on future occasions when you are discussing matters of a character that we have discussed this evening.

Dr. STEELE : Ladies and gentlemen, I thank you very much for your kind mark of approbation in voting me your thanks. I am extremely obliged to you all for your attendance here. We have kept you an unconscionable time, much longer than any of you supposed, but I trust, indeed I am sure, from the attentive way in which you have listened to the remarks, that you have not been unbenefited. I thank our Chairman also for having presided over us this evening. I was asked by Mr. Hind, the Honorary Secretary of this Association, to suggest a chairman for myself, and I knew no one better acquainted with epidemic disease than Sir Edmund Currie.

The meeting then adjourned.

SECOND GENERAL MEETING, DECEMBER 16th, 1885.

THE second General Meeting of the session was held at the rooms of the Social Science Association, 1 Adam Street, Adelphi, W.C., on Wednesday evening, December 16th, 1885, when a paper by Mr. Sturge on 'The Use of Alcohol in Hospitals' was read by Mr. Burdett, Mr. Sturge being unable to be present. The chair was taken by Dr. Bristowe, F.R.S., and among those present were Major-General Keatinge, C.S.I., V.O., Hon. C. Dillon, Colonel Montefiore, Mr. Henry C. Burdett, Mrs. Bluett, Dr. Edmunds, Dr. R. Fowler, Mr. Pearce Gould, F.R.C.S., Mr. T. Almond Hind, Rev. James Marshall, Mr. T. Moore, F.R.C.S., Mr. W. J. Nixon, Dr. Ridge, Miss Walter, Mr. Frank Wright, and several others.

The Minutes of the last General Meeting were read and confirmed.

Mr. Burdett, having made a few remarks on the good work which Mr. Sturge had for so many years carried on, and having pointed out the great benefactor he had been to hospitals generally, by contributing so largely to their support, proceeded to read the paper as follows:—

ON THE USE OF ALCOHOL IN HOSPITALS.

ON venturing to make a few remarks on this subject, I crave the indulgence of my auditors, as I cannot, unfortunately, lay claim to the advantage of a professional education. Having a great respect for the members of the medical profession and their kind and gratuitous services to the poor, and taking an interest in hospitals and dispensaries, I have been led to take pleasure in reading the results of medical practice, but, having had so little study, I trust my audience will be kind enough not to expect more from me than what naturally arises from an ardent desire to mitigate a great evil. My surprise has been that, considering how well the great evils arising from the use of alcohol were understood in the year 1847, when the following declaration was made, that our hospitals have continued the use of alcohol. The declaration, signed by 2,000 members of the medical profession, including some of the most eminent men of that day, such as Dr. Addison, Dr. Babington, Sir Benjamin Brodie, the President of the Royal College of Surgeons, with others, runs as follows:—

‘We, the undersigned, are of opinion—first, that a very large portion of human misery, including poverty, disease, and crime, is induced by the use of alcoholic or fermented liquors as beverages; secondly, that the most perfect health is compatible with total abstinence from all intoxicating beverages, whether in the form of ardent spirits, or as wine, beer, ale, porter, cider, &c.; thirdly, that persons accustomed to use such drinks may, with perfect safety, discontinue them entirely, either at once or gradually, after a short time; fourthly, that total or universal abstinence from all alcoholic liquors and beverages of all sorts would greatly contribute to the health, the prosperity, and the happiness of the human race.’

After this strong declaration—made by a large body of eminent men—on the mischief arising from the use of alcohol, the course pursued in our hospitals would appear will nigh incredible, if we were not aware of the power of educational prejudice, the power of habit, as well as the humiliating fact that a large portion of mankind are, more or less, slaves to their appetites.

At the present day, in some of our large London hospitals, alcoholic drink is still found as part of the ordinary diet table, and, according to the last report, the London Hospital, in 1884, spent £1,350 6s. 7d. on beer, wine, and spirits, thus confirming their poor patients in the erroneous notion that alcoholic drink is necessary to preserve their health, and confirming drinking habits—our national vice. However, during the last twelve years the Temperance Hospital has been carrying on an experiment open to the observations of the medical profession, which has conclusively proved that medical practice can be carried on and cures effected with a low rate of mortality, without the use of alcohol.

Up to the 30th of April 1885, out of 2,862 patients admitted to this hospital, only 140 deaths have occurred, giving a rate just under 5 per cent. With these facts before them, it would appear that the members of the medical profession were very slow to avail themselves of modern discoveries.

From the examination of 140 reports of hospitals, chiefly in England and Scotland, it seems that great diversity in the practice of using alcoholic drinks as part of diet exists, and in some cases, during the last 40 years, this practice has very much decreased. But, with the

exception of the Temperance Hospital and two others in the London districts, the decrease has been much greater in some of our provincial hospitals than in those in London, as will be seen in the subjoined tables, giving the amount of alcoholic drink per patient in 10 London hospitals and 10 hospitals in the provinces:—

Hospital	No. of Patients	Cost per Patient			
		£	s.	d.	
Brompton	1,901	0	10	7	London Hospitals.
Charing Cross	1,610	0	3	4	
Middlesex	2,540	0	4	3	
King's College	2,383	0	2	9	
Royal Free	1,940	0	5	3	
London	8,565	0	3	1	
St. Mary's	2,482	0	3	11 ³ / ₄	
St. George's	4,001	0	5	1	
University	3,152	0	2	7	
German	1,822	0	4	5	
Westminster	2,154	0	2	0	Provincial Hospitals.
Leeds	1,898	0	1	3 ¹ / ₈	
Royal Infirmary, Edinburgh	5,746	0	3	9	
Bath	1,159	0	2	9	
Oxford	1,423	0	4	1	
Cambridge	867	0	6	7	
Hull	1,705	0	1	7	
Bristol	3,794	0	3	2	
Glasgow	3,977	0	1	10	
Chester	985	0	0	11	
Manchester Infirmary	7,463	0	0	10 ³ / ₄	

These tables will indicate the urgent need of attention to the diet tables of hospitals, on account of economy, and much more in order to overcome the erroneous teaching in the present hospital practice, that these alcoholic drinks contribute to health, whereas there seems some reason to think it might be more correct to class them among slow poisons, and, from the knowledge we have gained of late years from tables of mortality, Life Assurance, statistics seem to point in that direction. It is well known that in the General Provident Life Institution they have two classes of insurers, one class abstainers from alcoholics, the other non-abstainers.

From the published statistics from 1866 to 1882 of this institution, according to the ordinary tables of mortality, 2,644 deaths should have taken place, but only 1,861 occurred in the Abstaining Section; while of 4,408 expected deaths in the Non-abstaining Section, 4,339 took

place, or only 69 less, or only 1·2 less than the expected result.

The deleterious effect of alcohol is strikingly shown by the statistics of innkeepers and publicans. According to the Scottish Amicable (1826-1876), this class of persons had a mortality of 68 per cent. in excess of the ordinary male table.

That great reduction may be made safely, even where total abstinence is not fully adopted, may be seen from the following tables :—

Cost of Liquor used in Middlesex Hospital			Cost of Wines, Spirits, &c., at Manchester Infirmary		
Date	No. of Patients	Cost	Date	No. of Patients	Cost per Patient
		£ s. d.			£ s. d.
1875	2,681	1,079 3 2	1875	3,828	0 7 2 $\frac{3}{4}$
1876	2,369	1,118 8 8	1876	4,938	0 5 0 $\frac{1}{2}$
1877	2,250	1,056 0 7	1877	5,977	0 3 11
1878	2,040	814 18 6	1878	3,347	0 3 3 $\frac{1}{4}$
1879	2,634	884 18 2	1879	5,527	0 2 11 $\frac{1}{4}$
1880	2,545	860 10 1	1880	5,688	0 1 6
1881	2,731	771 1 11	1881	5,817	0 1 4 $\frac{1}{2}$
1882	2,833	675 6 11	1882	6,092	0 0 11 $\frac{3}{4}$
1883	2,638	678 2 9	1883	6,415	0 0 9 $\frac{1}{2}$
1884	2,540	547 4 7	1884	7,269	0 0 10 $\frac{3}{4}$

It will be seen from these tables of reduction in the amount of alcoholic stimulants (1875-1884) what great need there is for further improvement, of which the Temperance Hospital has set so good an example, and happily is able to show such satisfactory results in the matter of a low rate of mortality; while the Life Assurance Societies have given evidence of the dangers which arise from the use of alcohol in lessening the duration of human life.

In conclusion, I would say that, in my opinion, the time has now come in which the Hospitals Association may profitably consider whether any hospital supported by charity can be justified in applying its funds to buy alcoholic luxuries for the use of its doctors, nurses, or servants, not to mention its patients.

DISCUSSION.

Mr. BURDETT then read the following statement regarding the expenditure on stimulants at Sunderland Infirmary during the past ten years, which statement had been courteously placed at the disposal of the Association by the Secretary of the Infirmary, Mr. T. Robinson :—

SUNDERLAND INFIRMARY.

Cost for Stimulants (Inclusive of amount for Soda Water.)

Year ending June 30	Amount	Number of In-Patients	Average No. of Beds occupied daily	Cost per Patient	Cost per occupied Bed
	£ s. d.			s. d.	s. d.
1876	72 16 0	529	64	2 9·02	22 9·00
1877	29 11 6	538	60	1 1·19	9 10·30
1878	32 16 0	563	65·7	1 1·98	9 11·81
1879	38 5 0	618	73·5	1 2·85	10 4 00
1880	42 8 5	787	90·2	1 0·93	9 4 82
1881	36 18 0	966	97·4	0 9·16	7 6·92
1882	51 17 0	1,070	101·3	0 11·63	10 2·84
1883	68 8 11	1,366	104·1	1 0·02	13 1·80
1884	56 1 8	1,482	119·4	0 9·08	9 4·73
1885	28 9 10	1,438	120·7	0 4·75	4 8·64
Average per year.	45 15 3	935·7	89·62	0 11·73	10 2·55

The discussion was opened by Dr. Edmunds, who stated that with respect to the London Temperance Hospital, for all the 3,330 patients received within its walls since its opening the expenditure on alcohol was only 5s. Alcohol was strictly excluded from the diet table, and practically so from the list of medicines, although the doctors were not actually precluded from ordering it, in medicinal doses, if they thought proper. He considered the amount of alcohol used in the pharmacy of our hospitals was greatly in excess of what it should be, and proposed that it would be very beneficial to take up the question as to how far alcohol could be discarded from hospital pharmacy.

Mr. BURDETT said, though he had read Mr. Sturge's paper, he did not altogether agree with the statements contained therein. He was in favour of reducing the amount of alcohol in medical treatment, but very much doubted whether the reduction of alcohol effected much economy in hospital expenditure, for he always found, and he had had many years of experience as an hospital superintendent, that as surely as the alcohol bill decreased, the milk bill increased, and increased too at a much greater rate. He was persuaded that the administration of alcohol should be

left entirely to the discretion of the medical men. He was a very temperate man himself; in fact, he had often, for long periods at a time, refrained from alcohol altogether, but he invariably found that when such was the case he was attacked with illness which small doses of alcohol prevented. When superintendent of the Seamen's Hospital, at Greenwich, he had taken great interest in the question of the use of alcohol in medical treatment, and was happy to say the amount of alcohol used at that institution was reduced to a very great extent, with the cordial co-operation of all the medical staff.

Dr. FOWLER adduced many statistics to show that alcohol, especially in typhoid fever cases, was often most beneficial, and referred to Dr. Colley, who, he stated, was well known to be accustomed to give alcohol freely in fever cases. From Dr. Colley's statistics it appeared that, when alcohol was given freely, the mortality was 11 per cent., but, when it was not so lavishly administered, the mortality was 21 per cent.; moreover alcohol, in severe cases of fever, prolonged life.

The Hon. C. DILLON read several extracts from Dr. Birdwood's Report to the Metropolitan Asylums Board, with the view to showing that the use of alcohol was injurious in cases of small-pox and tended to produce abscesses, etc., and went on to say that alcohol was not the only stimulant, nor was it the best; it was true that every case of sickness had to be considered by itself, but when it was absolutely necessary to give alcohol, the exact dose should always be mentioned and the time for which it should be taken. He was convinced that it was a very dangerous practice for doctors to order alcohol, and not at the same time, give the specific dose, and the length of time for which it should be taken. He was sorry Mr. Sturge omitted in his paper any reference to asylums, and the amount of alcohol used in them. He could assure the meeting that it had been totally given up in over 100 asylums, with beneficial results. He concluded his remarks by insisting on the importance, when giving statistics of the amount of alcohol consumed in any institution, of separating the staff from the patients, for he was convinced that where alcohol was largely used it was for the staff and not for the patients.

Mr. NIXON gave some statistics relating to the London Hospital. In 1844, when there were 3691 patients admitted, 824*l.* were spent on stimulants for the patients and staff, giving 4*s.* 5½*d.* per head. In 1884 the patients numbered 8015, the amount expended on stimulants for patients and staff was 1072*l.*, or 2*s.* 8*d.* per head; whereas the milk bill in 1844 was only 2*s.* 5½*d.* per head, it rose in 1884 to 6*s.* 3*d.* per head. He adduced these figures to show that the London Hospital authorities viewed the reduction of alcohol in medical treatment with favour. His opinion was that the medical adviser in each individual case was the best judge as to whether alcohol was to be used or not.

Dr. RIDGE, as a young practitioner, was in favour of alcohol

for medical treatment, but he had since seen reason to alter his mind, although he believed now, in some few cases, it was advisable to be used. He had seen cases of extreme collapse result favourably without the use of alcohol; therefore, he contended, it was not absolutely necessary. He had never noticed 'black mouths' in cases of typhoid fever when alcohol was not used, and he believed that tinctures could be as well preserved without alcohol as with it.

Mr. FRANK WRIGHT considered it a pure waste to use alcohol when it was not essential, and he always found that abstainers had much better appetites than non-abstainers had. He accounted for the increase of the use of milk when alcohol was not given to physiological reasons.

General KEATINGE thought it unfair to visit all the blame on committees, as was constantly done, when the amount of alcohol used at an institution was comparatively large. He was convinced that many subscriptions had fallen off through the spread of such erroneous notions, erroneous because the committee had really no power in the matter. The amount of alcohol used really depended upon what the doctors ordered. He would urge this upon Mr. Sturge and all who thought with him, and would ask them not to hamper the medical men in the exercise of their discretion in this matter.

Mr. PEARCE GOULD, after a few words in praise of Mr. Sturge's paper, said that in the medical profession, as elsewhere, fashion was an important factor, and some time ago the use of alcohol by medical men, in the treatment of their patients, was greatly in fashion. Happily, this idea was now fast dying out, and he saw no reason why they, at the present day, should recede one point from the decisions arrived at by the 2,000 doctors in 1847, alluded to in Mr. Sturge's paper. Alcohol was not a food; neither was it necessary as a stimulant, nor useful in maintaining perfect health. And if it was not a food in health, most certainly it was none in sickness. In the aggregate, statistics show that patients who have a minimum of stimulants, fare as well as those to whom it is lavishly administered. The statistics in Mr. Sturge's paper were not complete, as they did not mention the length of time the patients stayed in the hospital. His experience proved to him that when stimulants were not used, patients were discharged more quickly than when they were used. In some cases of amputations he had knowledge of, viz. 100 when alcohol was used, and 100 when it was not, there was no appreciable difference in the results. He urged that the question of the use or non-use of alcohol in disease should be left entirely to the medical profession; it was no use pressing one way or the other. The members of the profession were like the rest of human kind, apt to be stubborn, and if unduly pressed would only resist, and thus progress would be stopped. He was quite sure himself that alcohol was the best solvent for drugs, in fact he would use no

other. The dispenser at the London Temperance Hospital prefers alcoholic tinctures, finding other kinds much less reliable, and often going bad. In conclusion, he said he hoped on this question always to keep his mind open ; at present, he was not in favour of the use of alcohol in disease, but still he could hardly reconcile the fact that a drug of such power as alcohol undoubtedly is, could be of such limited use.

The CHAIRMAN (Dr. Bristowe) then summed up, and after complimenting the various speakers on the moderate way they had carried on the discussion, said that there were very few things that Mr. Gould had said that he disagreed with ; but at the same time he was not an advocate for the disuse of alcohol, for he did not think that alcohol had, as a medicine, deleterious effects ; he had never known alcohol when used even in large quantities do any harm, although he himself had never given large doses of it. He remembered in the last typhus epidemic in London, viz. in 1862, out of a number of patients treated, alcohol was administered to half, while the other half were treated without it, and in the result there was no appreciable difference. He differed from Mr. Gould as to the fact of alcohol not being a food. In his opinion it was a food, and a very valuable one. If a patient has been accustomed to take a moderate amount of alcohol with his meals, he might and ought to have a moderate allowance during his stay in the hospital ; but alcohol as a medicine should be left entirely to the doctor's discretion. He was persuaded in certain cases it was of great use, particularly in convalescent cases.

The usual vote of thanks to Mr. Sturge for his paper, and to the Chairman for presiding, brought the meeting to a close.

THIRD GENERAL MEETING, JANUARY 27, 1888.

THE third General Meeting for the session was held at No. 1 Adam Street, Adelphi, W.C., on Wednesday evening, January 27. The chair was taken by Sir Andrew Clark, Bart., M.D.; and among those present were Major-General Keatinge, C.S.I., V.C., Mr. H. C. Burdett, Mrs. Burdett, Mr. Bunn, Mr. Edward A. Farden, Mr. Carr Gomm, Mr. Henry Hall, Mr. T. Almond Hind, Mr. Timothy Holmes, F.R.C.S., Dr. R. H. Lloyd, Lieut.-Colonel Montefiore, Miss Meyrick, Mr. Hugh Macpherson, Mr. W. J. Nixon, Major Ross, Mr. James Reid, Dr. T. Gilbert-Smith, Mr. A. W. Warner, Mr. Keith D. Young.

The Minutes of the last General Meeting were read by Mr. HIND, and adopted.

A DEPUTATION from the Metropolitan Branch of the 'British Medical Association,' consisting of Dr. Henty and Dr. Dickson, was received, to explain the views of the medical profession on the 'Out-Patient question,' and to confer with the members of this Association as to the best system of 'Out-patient' relief to be recommended for general adoption.

Dr. WALTER DICKSON defined the subject to be an inquiry into the extent to which persons, undeserving of charity, were relieved in the out-patient department of the London hospitals, to the great detriment of neighbouring practitioners. A committee of medical men, formed to elucidate this question, had, he said, come to the conclusion that the best method of preventing any such abuse was the system now carried out at the London Hospital, of inquiring into the circumstances of the applicants for medical attendance. He alluded to the difficulty of instituting such inquiries in a large city like London, and further, to the undesirable feeling such a course was apt to produce with the public, and with the subscribers. Much good would be likely to be done by a more careful inquiry on the part of the governors as to the circumstances of persons to whom they gave letters of recommendation. Personally he thought that married people whose income did not exceed 2*l.* a week, and had a

family, were fit objects of charity. Dr. Dickson spoke in terms of approbation of the system of allowing the use of the wards to single men, &c., on the payment of a certain sum—the system, indeed, in use at Guy's Hospital.

In reply to the Chairman, Dr. Dickson said he was unable to give any figures of the relative proportion of undeserving applicants; he certainly thought that the out-patient system was useful and necessary, as well for the public as for the profession.

Dr. HENTY said he had, after long and careful consideration, come to the conclusion that something ought to be done in the matter. Formerly he had inclined to the system of payment, but now he had changed his views in favour of the system of inquiry adopted at the London Hospital. This distaste of the payment system he had found to be prevalent among the practitioners in the neighbourhood of hospitals. In answer to the PRESIDENT'S question as to the proportion of undeserving applicants, he had made no particular inquiries, but he had been told that in reality it was very small. He mentioned that one drawback to the inquiry system was an increased expenditure of from 250*l.* per annum upwards.

Sir ANDREW CLARK called attention to the expression of opinion on the part of medical men that the out-patient system was both useful and necessary, if only conducted on proper lines.

Dr. GILBART-SMITH insisted on the importance of the fact that men like Dr. Henty, who had approached the question prejudiced in favour of the payment system, had ultimately come over to the system of inquiry. He believed the provident dispensary system could not answer; partly owing to intrinsic difficulties, and partly owing to want of funds. He had considerable experience of the payment system, and could affirm that it led to open and palpable abuse. In fact they had come to the same conclusion as to the preference to be accorded to the method in vogue at the London Hospital. This system should, however, be universal if it were to do any good.

Mr. W. NIXON (House Governor of the London Hospital) said that this system had been eminently successful in warding off a great number of patients—about 50 per cent.—especially in the special departments. It

was conducted with great tact and management; but he thought many would-be applicants abstained from coming in consequence of the inquiries likely to be made as to their circumstances, and this all the more so as the inquiries were fully carried out. He did not think that the 2*l.* limit of income could always be accepted as a criterion. While he approved of the system of allowing patients to be admitted on the payment of a certain sum where their circumstances were such as to require it, it was not practicable at the London Hospital, where all the beds were full. In answer to a question, he said that the system had been in practice for two years, prior to which no attempt had been made to discriminate.

Mr. TIMOTHY HOLMES thought that something ought to be done to prevent the waste of time that resulted from the number of trivial cases which occupied the time and attention of the medical officers. He was of opinion that the great question was rather in the nature of the case than in the circumstances of the individual, and that only medical authorities were competent to decide that point. He expressed his disapprobation of the payment system, which he considered derogatory to the profession, and to the institution which allowed it, and he questioned the legality of such a proceeding.

Mr. BUNN (Secretary of the Metropolitan Provident Dispensary Association) said that from his experience of the labouring classes he thought nothing was more likely to deter them from applying for medical relief than the inquisitorial system so much spoken of. He wished to ask whether, as a matter of fact, a great many of the patients were not seen by assistants.

Sir ANDREW CLARK warmly condemned the insinuation that the medical staff of hospitals were in the habit of leaving their work to subordinates.

Mr. CARR GOMM (Chairman of the London Hospital House Committee) said the patients were never sent away until they had been seen by the medical officer.

Major ROSS (Chairman of the Middlesex Hospital) said that the payment system was inadmissible at his hospital, under its constitution. What they did was to issue general letters to the subscribers, not specifying whether the patient was to be treated in or out of the hospital.

Mr. BURNETT, alluding to Dr. Heslop, of Birmingham,

as the originator of the out-patient registration fee system, said that he had had reason to see that it was a failure, inasmuch as, far from decreasing the number of patients, it only increased it.

The CHAIRMAN, after summing up, moved a vote of thanks to Dr. DICKSON and Dr. HENTY.

A vote of thanks to the Chairman concluded the proceedings.

FOURTH GENERAL MEETING, FEBRUARY 17th, 1886.

THE fourth General Meeting of the session was held at No. 1 Adam Street, Adelphi, W.C., on Wednesday evening, February 17th. The chair was occupied by Dr. Steele, Medical Superintendent of Guy's Hospital; and among those present were Dr. Glover, Major W. Vaughan Morgan, Treasurer, London Homœopathic Hospital; Mr. Salmond, British Home for Incurables; Mr. Michelli, St. Mary's Hospital; Mr. H. Graham, Hospital for Paralysis; Mr. Edward Wood, Temperance Orphanage; Mr. G. A. Cross, London Homœopathic Hospital; Mr. Campbell, Royal Westminster Ophthalmic Hospital; Dr. Lloyd, Lambeth Infirmary; Mr. W. H. Pearce, Paddington Children's Hospital; Colonel Montefiore, Dr. G. W. Potter, Mr. H. C. Burdett, Mr. J. H. Leslie, Tynemouth Infirmary; Mr. James Debac, Treasurer, Chelsea Hospital for Women; Mr. H. W. Green, Seaside Convalescent Hospital; Mr. Burford Rawlings, National Hospital for Paralysis, Queen Square; Mr. W. H. Warwick, Asylum for Deaf and Dumb, &c.

The Minutes of the last General Meeting were read by Mr. T. ALMOND HIND, and adopted.

Mr. J. S. WOOD, having expressed regret that through illness Sir Wm. Wheelhouse, Q.C., who had taken charge of the Bill dealing with this question, which was introduced to Parliament in 1870, was unable to be present, and that Sir Algernon Borthwick, M.P., Mr. Stephen Tucker, Sir Henry Gordon, and Mr. O. V. Morgan, M.P., were through other engagements prevented from attending, proceeded to read the following paper, entitled:—

SHOULD PUBLIC CHARITIES PAY LOCAL RATES?

I HAVE no hesitation in answering this question with an emphatic negative; and the object of my paper is to prove that the present system of taxing voluntary charity is both utterly wrong in principle and unsupported by any specific law. It would be pardonable if I took a higher ground, and pleaded that the cause of charity has an indisputable moral right to be free from contribution to the necessary expenses of the parish in which the institution is situated; but I chiefly rely upon a common-sense and legal view of the relation of the public charity to the parish. When this important meeting of the managers of public charities comes to consider and discuss the

simple facts that I produce, they will say, and say boldly, that the uncertain legality, the unfair existing exemptions, and the unjust anomalies, which characterise the parish rating of voluntarily supported benevolent institutions, call for immediate amendment, and that the obtaining from Parliament of a Bill of exemption will be in the best interests of all *bond fide* public charities. The necessary limit to the length of a paper intended to lead to a full discussion will not admit of my entering too deeply into the criticism of the *pros* and *cons* of the subject. The discussion will bring forth details of opinion and fact. I propose to consider :—

1. The principle of taxation.
2. The practice hitherto adopted with regard to the rating of public charities.
3. The existing legal exemptions and anomalies.
4. The reasons why public charities should not pay rates.
5. The best method of reform—a Parliamentary bill.
6. The objections that may be advanced against such a bill.

THE PRINCIPLE OF TAXATION.

We are not accustomed to pay for what we do not have, whether it be a daily commodity or some direct or indirect advantage to person or property. It is upon this basis that our system of local taxation has been raised. We submit to be taxed, because we know that the outlay is beneficial, and not less beneficial because it is obligatory. Taxes are the portion of the property of individuals which each has to contribute to the public treasury, or local body, to defray the public expenses. But it is an admitted principle that taxes must never be suffered to injure the sources of income. Some forms of property yield no income, and are not taxed. Were they taxed, the taxes would sooner or later consume the property. If public charitable buildings were taxed, and the voluntary income ceased, the taxes would some day exhaust the value of the buildings. Since the people were first required to pay taxes, the object taxed, such as land, houses, income, &c., and the methods of computing the proportion each person should pay, have been many times changed. These changes have generally been improve-

ments, but the incidents of taxation have been productive of inequalities and unfairness to certain classes of people. One of the inequalities complained of is, that most of our public charities are heavily rated by the parish, while many enjoy absolute exemption, or are assessed at next to nothing.

THE PRACTICE OF RATING PUBLIC CHARITIES.

The first Act which has any bearing on the subject dates as far back as A.D. 1601. By the Act of 43 Elizabeth, c. 2, it was directed that the Poor's Rates should be levied upon occupiers of personal property. Now, from the year 1601 to 1865 it was a recognised law that only when the occupier enjoyed the benefits of his occupation was he liable to be rated. It is clear by inference and by the practical working of this Act of Elizabeth that public charities were excluded from the operations of the Poor Rate, for the 14th clause requires that a certain proportion of the money raised shall be devoted to hospitals and work-houses. You will observe that, in so far as relates to Poor Rates, the earliest and still existing law, that of 1601, which has never been repealed, not only does not compel charities to pay the rate, but compels the rate to contribute to the charities. During the 264 years in which the charities were free there were many legal cases tried to determine what occupations were beneficial, and it was not until 1865 that an opinion which upset the practice of two-and-a-half centuries was given. In that year the case of "*Jones versus The Mersey Dock and Harbour Board*" came before the House of Lords, upon the question whether trustees for public purposes—not charitable purposes, mind you—were ratable. The Law Lords decided that the true test of ratability was no longer whether the property to be rated was beneficial to the actual occupier, but whether the occupation was not beneficial to somebody. Here let me quote Lord Mansfield's memorable words as a common-sense answer to the combined unwisdom of the Law Lords so far as their decision affected public charities. Lord Mansfield said "that the only occupiers of charitable buildings are the poor themselves, who are not liable." According to the present system, the poor outside the hospitals are not rated, but when they are sick and in hospitals they are rated. In the following year, 1866, in the case of "*The British Orphan Asylum versus The Parish*

of Stoke," the Court of Queen's Bench applied the rule made by the Judges to all charities. The exceptions are those charities which have obtained special Acts of exemption, and others which are exempted, or assessed fictitiously, at the caprice or by the favour of the local authority. The aggravating facts in connection with the decision of the Law Lords are: first, that it was based upon a case which was purely commercial, and in no way charitable; second, that the ratepayers had not sought this change, and that therefore they could not have felt the exemption of public charities to have been any burden to themselves; and, third, that neither the House of Commons nor charities had any opportunity of discussing the question, for no one knew that so vital a matter affecting charitable funds was being determined; and thus it was that the principle of construction centuries old, favourable to our charities, was suddenly and almost secretly altered.

THE EXISTING EXEMPTIONS AND ANOMALIES.

A very strong argument in favour of the movement I advocate exists in the said Acts of exemption, and in the anomalies and the rating by favour to which I have already referred. It will be well for me to briefly describe each of the Acts of Exemption.

1833.—By the 3rd and 4th William IV., c. 30, Parliament declared churches, chapels, and such schools as were held in them, exempt from the Poor Rate. Is the case of the sick and the maimed and the helping of the blind, the widow, and the orphan, work less worthy than that undertaken by schools and churches?

1838. Irish Poor Law Act, 1 and 2 Vict., c. 36.—Ireland enjoys a singular advantage over England in respect of her charities; for they are expressly free from rates of every kind, as will be seen from the following clause in the Act named: "Provided also that no church, chapel, or other building exclusively dedicated to religious worship or exclusively used for the education of the poor, nor any Burial Ground or Cemetery, nor any Infirmary, Hospital, Charity School or other buildings exclusively used for charitable purposes, nor any building, land, or hereditament dedicated to or used for public charities, shall be rateable," &c. Are not the charities of England

equally deserving and equally impoverished as the charities of Ireland ?

1843. 6 and 7 Vict., c. 46.—Parliament was asked if literary and scientific institutions were charitable institutions within the Common Law exemption, and they passed the above Act exempting such institutions from County, Borough, and Local Rates. Do the public profit more by astronomical and geographical societies and libraries than by hospitals, homes for the waif and stray, the blind, and the orphan ?

1847.—In the Towns Improvement Clauses Act the legislature recognises the principle of exemption by providing, in Section 168, that no person shall be rated to any rate in pursuance of this Act in respect of tithes, or any church, chapel, meeting-house, or other buildings exclusively used for public worship, or buildings exclusively used for the purpose of gratuitous education of the poor, or a public charity.

1869. 32 and 33 Vict., c. 40.—By this Act Sunday and Ragged Schools are expressly exempt from parochial and other rates. Is the moral education of the street urchin more desirable than setting his broken leg or providing a home for him if he be an orphan ?

WHY PUBLIC CHARITIES SHOULD NOT PAY RATES.

If English charity was state-aided, it would matter little whether the institution did or did not pay rates, but the very essence and character of our charity is that it is voluntary. The man who pays the Poor Rate is not entitled to be called benevolent, or to demand any particular consideration, but he who gives largely and voluntarily to hospitals, orphanages, and asylums, from motives of benevolence, deserves some consideration from his fellows. At present that consideration is expressed in the peculiar form of taxing him twice over. Charitable institutions are supported from free gifts out of the incomes of the benevolent who have already paid rates and taxes, and with these already taxed donations the sick and the distressed are maintained. Take the case of the hospitals. But for those invaluable institutions the sick poor would have to be received into the parish infirmaries, and the Poor Rate would in consequence be greatly increased. Yet the sick poor are taxed in public hospitals to help keep the sick poor in parish infirmaries.

Extended to its legal conclusion it means that the benevolent ratepayer, by his free donation, materially helps the ratepayer who never thinks of giving to charities, and for this kindness the benevolent ratepayer is doubly taxed. Precisely the same theory may be applied to voluntary orphanages, asylums, &c., which maintain fatherless children and widows, the demented, the blind, and the incurable, without asking the ratepayers to contribute one fraction. The work of public charities results in a positive saving in the Poor Rate and School Board Rate. I am perfectly aware that institutions share in the advantages which are paid for in the General Rate, but I contend that, recognising the great benefits which the public derive from their public charities, the ratepayer could well afford to cleanse the road, light the street, and give police protection to an institution for nothing. The Government have, by the Acts of exemption, fully recognised that public charities deserve consideration; but these Acts stop short at charities which had even stronger claims than those which are exempted. As a matter of principle, and to be consistent, all *bonâ fide* charities should be treated alike. Either all or none should be exempt. Why should St. Thomas's Hospital, with 590 beds, pay £2,133 yearly, and the London Hospital, with 790 beds, only £55? Again, the National Hospital for Paralysis, with 180 beds, pays £700 yearly, while St. Mary's Hospital, with 245 beds, but £52. The Brompton Hospital for Consumption, with 321 beds, pays £597, while Westminster Hospital, with 200 beds, pays £94. It will be seen from the printed table that the hospitals of London are treated on no uniform or equitable system; and had I time to prosecute the same inquiry with regard to other equally deserving charities, such as homes, orphanages, and asylums, the same glaring inconsistencies would, doubtless, be found. A precisely similar state of things exists in the provincial towns; for, whereas in most of them the benevolent institutions are rated, in Edinburgh, Liverpool, Derby, &c., some of the charities go scot free at the mere caprice or kindness, we will call it, of the local assessment body. To return to the argument. If Irish charities are worthy of exemption, so are those of England, Scotland, and Wales. If churches, chapels, schools, and scientific institutions are exempted by statute, the exemption should extend to

hospitals, asylums, orphanages, &c. The Acts of exemption are the work of the legislature, after full deliberation, but the decision which took from public charities the exemption they had so long enjoyed was not the work of the legislature, but was derived from an unfortunate opinion expressed by certain judges, which is absolutely the only supposed legal justification for the present rating of charities.

THE BEST METHOD OF REFORM—A PARLIAMENTARY BILL.

Seeing that Parliament has never been asked to give a decision as to exempting hospitals, asylums, and orphanages, and that in five distinct cases they have granted exemption when sought for less strictly charitable objects, it is our clear course to go to Parliament. Mr. Poland, in giving an opinion to the St. Pancras Vestry as to the power of the overseers to exempt charities or rate them at fictitious values, stated that the overseers had no power to assess institutions at other than the full value, 'though it would be in the interests of the parish if they were able to do so.' Mr. Poland concludes the opinion with the words, 'the matter is one entirely for the Legislature.' The simple object of the proposed Bill is not to create an exemption, but to restore to the charities the right which they so long possessed. The provisions of the Bill, which is already in the hands of a Parliamentary draughtsman, will be few and short, and I believe that some such clause as has been suggested by Mr. Cross will prevent any possibility of the Act being made of use by any but *bonâ fide* public charities:—

'All buildings or parts of buildings used exclusively for charitable purposes, the funds for the maintenance of which are exempted from the payment of the Inhabited House Duty, under the provisions of the Act 48 George III., c. 55 (Sch. B), or which are exempted from the payment of Income Taxes by the Commissioners for Special Purposes, Inland Revenue, shall be exempted from the payment of all local rates.'

PROBABLE OBJECTIONS.

First, we are told that the Legislature is averse to exemptions of any kind. How can such a theory avail in face of the numerous and unfair exemptions which the law has allowed? Secondly, it is observed that so deter-

mined is the Legislature to annul exemptions, that they have even required parish infirmaries, workhouses, &c., to pay rates. It was surely not necessary to create this piece of farcical law to assure us that Parliament was really 'averse from exemptions of every kind.' The rates upon parish buildings can only be paid out of the ratepayers' pocket, and the existence of such a specious law does not in the least weaken our argument. It may be contended, again, that it will be difficult to define what are public charities, but a complete safeguard has been provided by Mr. Cross's proposed clause. The official bodies there referred to make a strict inquiry into the genuineness of charities claiming exemption from the payment of income taxes, and only grant exemption on a sworn affirmation. Such evidence would be a simple and effective proof of right of exemption.

Again, it may be thought that the already overburdened ratepayer would object to free the charities at his own expense. I should not be at all disposed to cast upon the ratepayers any appreciable addition, even in so good a cause as charity, but I am persuaded in the first place that it is already a popular belief that charities are exempted, and, secondly, that if the public charities of London were free to-day, the ratepayers would not feel the fractional increase in their payments. This has been tested with regard to the parish of Chelsea, which has been selected because it is a large one, and because it has been termed the 'village of hospitals,' from the number of those institutions within its boundaries. It has 12,715 ratepayers, and a total ratable value of £589,364. Now, if the public charities within this parish were exempted the local rates would be increased by four-fifths of a farthing. It is not easy to conceive, under these circumstances, the formation by the ratepayers of an 'Anti-charity-exemption league.'

In conclusion, I would say that at a time when our charities are suffering from financial embarrassment, such as some of the oldest and best of them have never before experienced, it is most fitting that this question of trying to get them free from large payments to the parish should be raised. It is almost impossible that charities can become richer by the saving of expenditure in any other direction, and it behoves the managers of institutions to combine in a movement by which it will be possible to

effect a substantial saving of benevolent funds. If the rates and taxes paid by the Hospitals named in the following Table were saved, the total would be sufficient to maintain a General Hospital of 200 beds, sufficient for the treatment of 1,500 in-patients and 10,000 out-patients. The fact that the Council of the Hospitals Association have asked me to contribute a paper on the subject is sufficient evidence that that important body fully recognises the value of the movement to the institutions whose interest they represent. In London the movement for obtaining a Parliamentary Bill is already organised, and practically and actually at work, while several of the provincial towns have voluntarily undertaken to form local centres. Add to this that there is ample evidence that the object in view recommends itself favourably to Members of Parliament, the Public, and the Press, and we have all the elements of a successful campaign in the cause of *bonâ fide* public charities.

Table showing most of the Metropolitan Hospitals, with their number of beds, average yearly expenditure, the amount expended on rates and taxes, and the proportion per cent. which the latter bear to the average yearly expenditure. Some Institutions are necessarily omitted, because the items for rates and taxes do not appear separately in the published accounts.

Name	Beds	Average yearly expenditure	Paid for rates and taxes	Percentage on yearly expenditure
		£	£	
London Hospital	790	48,666	56	·1
Guy's Hospital	700	34,000	1,400	4·1
St. Thomas's Hospital	590	38,767	2,133	5·5
St. George's Hospital	351	27,273	293	1·0
Hospital for Consumption, Brompton	321	28,487	597	2·0
Seamen's Hospital Society	256	12,599	185	1·4
St. Mary's Hospital	245	17,975	52	·2
University College Hospital	209	20,455	68	·3
King's College Hospital	206	16,087	240	1·4
Westminster Hospital	200	11,863	94	·7
London Fever Hospital, Islington	190	12,000	68	·5
National Hospital for Paralysis	180	11,000	700	6·3
Hospital for Sick Children, Gt. Ormond St.	177	11,061	335	3·0
Royal Free Hospital	160	11,076	207	1·8
Charing Cross Hospital	150	12,565	432	3·4
Cancer Hospital, Brompton	100	6,964	145	2·0
Royal London Ophthalmic Hospital	100	6,133	46	·7
East London Hospital for Children, Shadwell	92	7,720	102	1·3
London Homœopathic Hospital	78	4,291	63	1·4

Name	Beds	Average yearly expenditure	Paid for rates and taxes	Percentage on yearly expenditure
		£	£	
Victoria Hospital for Children . . .	72	4,940	66	1·3
Hospital for Women, Soho Square . . .	66	7,195	148	2·0
Chelsea Hospital for Women . . .	63	3,043	146	4·7
Evelina Hospital for Sick Children, Southwark . . .	60	5,264	160	3·0
Royal Hospital for Women and Children, Lambeth . . .	51	3,035	15	·4
Poplar Hospital . . .	51	3,361	4	·1
Royal Westminster Ophthalmic Hospital . . .	50	1,525	73	4·7
City Orthopædic Hospital . . .	50	1,045	82	7·8
Queen Charlotte's Lying-in Hospital . . .	40	4,700	24	·5
National Orthopædic . . .	38	1,151	16	1·3
North London Consumption Hospital, Hampstead . . .	36	2,964	97	3·2
French Hospital . . .	35	2,564	66	2·6
St. Mark's Hospital for Fistula, City Road . . .	34	2,217	44	1·9
City of London Lying-in Hospital . . .	30	2,801	39	1·3
Royal Hospital for Diseases of the Chest . . .	26	3,687	23	·6
St. John's Hospital for Diseases of the Skin . . .	25	1,957	72	3·6
National Hospital for Diseases of the Heart and Paralysis (Soho Square) . . .	25	2,089	66	3·1
Hospital for Epilepsy, Paralysis, and other Diseases of the Nervous System . . .	25	2,560	27	1·0
British Lying-in-Hospital . . .	24	1,515	45	2·9
Metropolitan Free Hospital . . .	20	3,269	86	2·6
Hospital for Diseases of the Throat . . .	18	2,576	195	7·5
Central London Throat and Ear Hospital . . .	17	1,537	29	1·8
Hospital for Diseases of the Skin, Blackfriars . . .	10	1,242	39	3·1

DISCUSSION.

The CHAIRMAN having invited a discussion on the question, Dr. GLOVER said that the chief difficulty he found in the matter was that of holding two opinions upon it. He had read several arguments in support of the case Mr. Wood had put before them, and what he hoped to hear before the discussion was over was the argument on the other side, which at present he could not imagine. He wished especially to have further information as to the principle upon which the hospitals were rated in different parts of London, for in some districts the hospital was exempted and in others it was not. There was also a great disproportion as to the amount of the rating. He had come to represent the *Lancet*, which felt very deeply on the question, and would do all it could to promote the Bill which was projected. He feared, how-

ever, that the present condition of affairs was not favourable for a Bill of that kind ; but he could promise the support of the *Lancet*.

Major VAUGHAN MORGAN thought Mr. Wood's paper was so exhaustive that it left very little for him to say. He hoped that those hospitals which were largely endowed would take up the question, and not consider that they were exempt from duty in the matter, because it behoved them to assist the work, as one of the first questions was, Ought they to be included or not? He could not see why endowments should not be included. An endowment was simply a crystallised annual subscription. At an hospital with which he was connected they were trying to endow a ward, and a gentleman had given 1,000*l*. He felt sure that if this gentleman thought an endowment would be taxed, he would give an annual subscription instead, so that if endowments were not to be included it would still be a tax upon charity. It was necessary to get somebody in Parliament to take the matter up, and watch his time when he could bring it forward with success. The strongest argument Mr. Wood had advanced was the great inequality in the taxation of charities. There would no doubt be a backwardness in coming forward on the part of those who pay little taxation, but he would remind them that that little would be none at all when the question was settled. The only argument he had ever heard against the movement was that by it some unworthy charities would be exempted from taxation, but it was better that twenty rascals should go free than that one worthy man should be punished.

Mr. G. SALMOND said that in listening to the paper they could not but feel that as public notice had been brought to bear upon the question, now was the time to continue the movement. Their sole relief appeared to be in the action of Parliament, and it was reasonable to suppose that they could rely upon members of Parliament to help them individually. The charities of London had, on an average, one member of Parliament on their boards, if not more, and if the matter was brought forcibly before these gentlemen they would see the force of arguments put forward on its behalf. The more members that could be interested in it by these means the better. He thought there was another matter they might seek relief from at the same time, which was the legacy duty. He could not see why charities should pay the ten per cent., to which private individuals often objected. If the legacy duty were included with the rates, he thought it would succeed also. At the same time he thought there was something to be said on behalf of the parish authorities, who were always willing to meet any deputation from a charity. He had only just succeeded in getting the assessment of the British Home for Incurables reduced by 55*l*. per annum. It was not a very large sum, but still it was a move in the right direction, and showed that the authorities were not indisposed to grant relief if they could see their way. There was one point which had been brought before him in

reference to this question, and that was whether, if this matter was not soon taken up, other institutions would not seek relief also, and so spoil their efforts. He had heard that some large schools, such as Wellington College, which might be regarded as public institutions, were going to seek relief on the same ground; and it was a question whether their acting with the public charities would be prejudicial or not.

Mr. BEATTIE CAMPBELL said he had endeavoured to get some reduction in the amount they were rated at at the Royal Westminster Ophthalmic Hospital, and he was told that he ought to think himself fortunate that they were rated at so low a figure. He thought they were fifth on the list. He did not see what special steps could be taken in the matter, except to use the words of the old reformers, 'Agitate, agitate, agitate,' until the thing was done. With regard to the legacy duty, he might tell the gentleman who suggested it that Mr. Gladstone holds very strong opinions on the other side, and while he was Premier they could not expect much relief on that question.

Mr. GRAHAM referred to the hospital for paralysis, with which he was connected, and said that they had applied to the assessment committee for a reduction of the rates, but were refused entirely, on the ground that as they let patients pay something towards their maintenance, the institution could not be considered a charity. If he had not been in hopes of getting some reduction, he might have got a stronger deputation; but sometimes a failure was an advantage because it marked the necessity for reform. He thought it would be rather unfortunate to attempt to combat with the legacy duty, as there was such a thing as asking for too much. With regard to the introduction of institutions such as schools and colleges, which might be charitable in their organisation, but were not charitable in the strict sense of the word, he thought they would do themselves harm if they were not extremely careful. It was most important that the members of boards should join the Association. He had introduced the matter into the draft annual report of his Institution, which had been approved.

Mr. EDWARD WOOD said he was in complete sympathy with the object of the movement, but thought it was well for them to understand that something could be said against their proposals. They were attempting to establish an analogy between chapels, ragged schools and institutions, hospitals and orphanages; but these places were used solely for local charities, and benefited the people of the locality. People who attended chapels and churches were mainly residents in the locality, and the same remark applied to the ragged schools; but this was not so always with regard to hospitals and orphanages, and he thought if they met with any opposition from the rating authorities it would be on that ground—viz. that the inmates of the institutions from which we seek exemption are derived from other localities. He entirely agreed

with the importance of approaching the members of the Boards. A few months ago he was in communication with a member of Parliament, with the object of his bringing forward a bill for exempting hospitals from taxation. The objection which he urged was that he heard a great speech made by Mr. Gladstone some twenty years ago on the exemption of charities. He (the member) agreed with the arguments used by Mr. Gladstone on that occasion, and he felt that if those arguments applied to imperial taxation they would also apply to local rating. Mr. Gladstone proposed to remove the exemption so far as endowments were concerned, and continue it on the building. As a matter of fact they were only asking that the building might be exempted, and in his (the speaker's) reply to the member of Parliament in question he pointed out that, so far as Mr. Gladstone's argument went, it was decidedly in favour of the principle which they were met together to advocate. He thought a strong case could be made in favour of the exemption of those institutions, as the hospitals undoubtedly relieved the Poor Rate to a considerable extent. The patients now in the hospitals would, but for them, be inmates of infirmaries and workhouses, while a considerable number of the children in orphanages would, but for them, be inmates of the public schools.

Mr. W. H. Cross said that the suggestion as to the representations of the boards of charities that had been thrown out were in course of being put into practice. The mention of Mr. Gladstone's name suggested the greatest rock they had ahead. Their great difficulty would not be in any strong arguments against their case, because he was one of those who could not see that there were two sides to the question, but their greatest difficulty was Mr. Gladstone. In 1863 Mr. Gladstone spoke at considerable length against the exemption of charities from the payment of income tax. Notwithstanding the strong objections of Mr. Gladstone, the institutions are exempted from income tax, and he (Mr. Cross) took this as justifying a strong hope that in spite of Mr. Gladstone's economic views, perfectly natural from his point of view, they would carry the day in the present instance. It was said, in 1871, by Mr. Gladstone, in a speech which was really a marvel of weakness for a man so truly great, that if charities were exempted, a certain charity for the benefit of dogs would have to be exempted. It seemed a curious kind of argument to bring in favour of the taxing of such institutions as St. Bartholomew's Hospital, and the Home for Incurables, and the institutions for the blind, and all the charities for the poor in the country. There was one gentleman who said he saw a difficulty in the argument that the charities to be exempted were local. Of course that would be a difficulty if there were only one charity in one town, but as there is a local charity in almost every town no argument could be made on that score. He saw no reason why, if they made a determined effort, they should not carry the Bill they proposed. It had been said that the present time was inopportune. Well, if anybody

would tell them when a more opportune moment would arrive, they would gladly postpone their efforts. Till then they would go on. It had also been said that because an effort that had been made some years ago had not met with success, they were not likely to succeed. When the question had been before the House of Commons no decision had been asked for. Mr. Gladstone, in speaking against it, spoke as Chancellor of the Exchequer, and of course what he said on a Bill so nearly connected with monetary matters would carry great weight. One gentleman said in that debate that if they granted to the charities the exemption they asked for the Sunday schools would ask for exemption. A few years after that date the Sunday schools were exempted. That was another circumstance which should give them great encouragement.

Mr. MICHELLI (St. Mary's Hospital) thought that one of the strongest arguments against the proposal would be that the ground upon which the hospitals were built would, but for the hospitals, be covered with houses, and would therefore pay rates. A member of his board was against the proposal, and he thought it would have the effect of making those who now pay a nominal rate, such as St. Mary's Hospital, pay a great deal more than they do at the present time ; and of course scientific institutions would also object.

Dr. LLOYD remarked that it should be borne in mind that the hospitals of the present day no longer fulfilled the duties for which they were first established. Prior to 1835 the State did not perform its duty to the poor in the proper manner. Since the year 1865, some 7,500 beds had been added for the relief of the absolute poor, so that the hospitals no longer took in the actual pauper cases. That was an argument which should be kept in mind, as it might be used. At the same time the land on which the hospitals were built might be covered with houses and be productive. The larger employers of labour might ask to be exempted on the same ground as they did, for they employed a large number of labourers, and were therefore beneficial institutions.

Mr. BURDETT said that ever since the decision of the Mersey Docks case, under which hospitals were first rated, he had been engaged in trying to procure the exemption of charities by means of an association¹ which is now in existence, and which has its headquarters at Birmingham. They had fought the battle for 19 years, at first in conjunction with those who were connected with ragged schools and friendly societies. The ragged schools had procured exemption, but the hospitals remained practically where they were at the start. When the Mersey Docks case was first decided the Birmingham overseers felt that they had no option but to rate the hospitals, which they did accordingly. The people of Birmingham did not agree, and levied an assessment upon each charity to pay for the expense of agitating the subject in Parlia-

¹ The Society for Procuring the Exemption of Charities from Rates.

ment and throughout the country. For six years they continued the agitation, and in the end the overseers of the poor in Birmingham, backed by their auditors, became more urgent and threatening. At last the leaders of the Association assembled to decide whether the goods and chattels of the chairman and the secretaries should be distrained upon, or whether the overseers had the right to take the chairs and beds out of the hospital wards. The overseers said they need have no anxiety about the beds, as they were not of sufficient value. The consequence was that they looked to the gentlemen who had prevented them from collecting the rates. They considered the matter seriously, and went before the magistrate determined to make an effort on the Mersey Docks case, as they found that the Mersey Docks case did not necessarily include all the hospital buildings, but only that portion which was beneficially occupied. They agreed in the result that the land on which the hospital stood was held to be ratable, and that they should include in their assessment the habitation of the caretaker. The magistrate held that the contention was good, the overseers accepted the decision, and they agreed to a reduction of 75 per cent. upon the rating. In 1874 he (Mr. Burdett) came to London, and at the hospital at Greenwich, to which he went, was confronted by the rating difficulty, and in the course of a short time obtained a reduction of 66 per cent. With reference to the Bill that was proposed, he would point out that bills for the exemption of hospitals from rating had been introduced into Parliament. The Association to which he belonged had not at the outset introduced a Bill, as they thought it was best to place themselves in communication with the Government and the leaders of both sides. They were told that it was desirable that the matter should be taken up by the Government; but the difficulty was to get either side to pledge itself to any opinion definitely. On one occasion Mr. Muntz, Mr. Wheelhouse, and Mr. Baines took the matter up. It was decided to go to the late Lord Derby, then Prime Minister. A large meeting was held, attended by representatives of all charities and hospitals, and some 65 members of Parliament. They were introduced by the late Lord Shaftesbury to Lord Derby, who gave a pledge that the matter should have the fullest investigation, and be brought under the consideration of the Government. Ultimately the decision of the Government was communicated to Mr. Baines, to the effect that from matters of high policy they were not prepared to support a bill for the exemption of hospitals from rates. Not being daunted, however, they proceeded; and Mr. Baines introduced his Bill, but it was never allowed to go to the vote. It was talked out year after year, and they had never succeeded in getting the question decided. They had succeeded, however, in getting clauses struck out of existing Acts which would have affected hospitals. In 1873, at the end of Mr. Gladstone's administration, Mr. Stansfeld introduced a bill to include all charities and institutions for rating purposes, and abolishing all exemptions

whatever. They continued to oppose the Bill, and it was ultimately withdrawn. Mr. John Bright took a very great interest in the question, and personally interested himself with Mr. Gladstone, whom he saw about it more than once. Throughout the country there was great sympathy with the Hospitals at that time. In 1882 he had gone to Canada, and there he had seen why politicians from motives of high policy had such an objection to the exemption of charities from rates. In a number of cases in Montreal and Quebec he had seen the very best sites occupied by religious and charitable institutions, which were not liable to any rates, and he found that it was well nigh impossible to maintain any municipal government if such exemptions were permitted—that the exemptions led to abuses which justified the strong opposition to the proposal. Seeing, however, that hospitals were in the unique position of being specially singled out to be rated, he thought it was far better that the whole question should be thoroughly thrashed out, and if the hospitals could not be exempted he certainly did not think it was fair that other charities should be exempted. There was going to be a redistribution of taxation in this country some day by means of the new scheme for local government; and he thought that the president of the Local Government Board should be communicated with. Under such circumstances they would be best able to get something like a settlement of the question. He never knew a time of greater anxiety or distress among all the hospitals than the present. He did not want to throw cold water on the efforts of Mr. Wood and his friends, but thought great caution ought to be exercised, and before any wide public agitation was initiated it was advisable to go to the fountain head, and ascertain what were the views of the present Government, if it was possible to get their views out of them, and to try and obtain a clause in the much-talked-of Local Government Bill which would settle the question once and for all.

The CHAIRMAN said it was not a very difficult matter to sum up what had been said, as everything had been in favour of the proposition. He had failed to discover any ground why charities should be taxed. If they submitted the matter to any tribunal or any party, he was quite sure they had a prospect of getting redress. The whole subject was an anomaly. Its origin was involved in a judicial quibble which occurred some years ago in the case of the Mersey Docks, which had no connection with charities at all. There had been no Act of Parliament passed to impose a tax upon hospitals. Some people said if workhouses were taxed why should not hospitals be taxed? That argument would not hold water. The taxation of a Government building was a case of taking money out of one pocket and putting it into the other. They were all greatly indebted to Mr. Wood for his paper, especially for the table attached to it, because it conveyed information of which they were till then ignorant. It was said, Why agitate the question? You

will disturb the present state of things, and be the means of making the institutions that had obtained reduction pay to the full extent ; but he did not think that argument would hold good. He would never think of joining public schools with the charities to be exempted. It would be a very good thing to get the support of members of boards. The Charity Rating Exemption Society was in its infancy, and it would get the help of the governors of hospitals. He had no doubt that they would obtain the assistance of the treasurer of St. Thomas's, which was one of the test cases. He was afraid, however, that several of the hospitals would rather keep back, because their assessments were, by favour, low. Still there were others, and those the great majority, that were heavily taxed ; and the greater portion of charities in London were very heavily taxed, and he did not doubt, if they were earnest in the matter, that they would reduce the taxation very considerably. In conclusion he asked the meeting to join in thanking Mr. Wood for his valuable paper, which had raised so important a subject in the interest of public charities.

Mr. J. S. WOOD, in acknowledging the vote of thanks, said that the matter was one of great public importance, and of the utmost importance to hospitals and other charities in their present impoverished condition. They had several things to congratulate themselves upon in connection with the meeting. In the first place there was a full and representative attendance, showing that the charities of London felt their best interests were being served by the movement, and they were also well represented by the public press, the *Lancet* and *British Medical Journal*, and all the daily papers having sent representatives. Such a gathering of press representation showed that the movement was regarded by the press as one of public importance. Referring to the discussion, Dr. Glover had asked how was the rating arrived at which allowed of such differences as were shown in the table ? The explanation was that rating in the majority of cases went by favour. Dr. Glover also asked why St. Bartholomew's Hospital did not occur in the table at the end of the paper. He (Mr. Wood) believed it was the only hospital which was absolutely exempt in London. It was because the hospital itself was the greater part of the parish in which it was situated. Mr. Michelli had spoken of course from his point of view as representing one of the favoured institutions. He could very well understand Mr. Michelli's feeling in the matter, and probably if he had been in his position he would have said what Mr. Michelli had said. But he did not think that such narrow and purely personal feelings should hinder them in their work. They were earnest in their intention because they had a good cause, which would serve the great majority of public charities. There was one matter he was gratified to find. He anticipated that Mr. Burdett was going to come down like a heavy weight upon the question, and say they were

not to proceed any further ; but he thought, on the contrary, that he had helped them by so minute an account of his own experience in trying to get reduction or exemption for institutions. He did not think the society to which Mr. Burdett had referred had made itself felt very much of late years. Indeed, Mr. Burdett had stated such to be the case, because the Birmingham Organisation considered it best to let sleeping dogs lie. The question had practically been dead for thirteen years. He thought they could revive the subject with success, and if those who were really interested would join, they would undoubtedly get the result wished for and deserved.

Mr. BURDETT proposed a vote of thanks to the Chairman, which brought the proceedings to a close.

FIFTH GENERAL MEETING, MARCH 17th, 1886.

THE fifth General Meeting for the session was held on Wednesday evening, March 17th, at No. 1 Adam Street, Adelphi. Sir Andrew Clarke, Bart., M.D., presided, and among those present were Mrs. Bluett, Miss Browne, Mr. E. T. Clifford, Miss R. P. Clinton, Dr. Glover, Mr. T. Almond Hind, Major-General Keatinge, O.S.I., V.C., Miss Meyrick, Miss Manson, Col. Montefiore, Mr. W. J. Nixon, Mr. N. H. Nixon, Mrs. R. Paget, Dr. Potter, Mr. T. Regan, Miss Walter, Miss C. J. Wood.

The Minutes of the last general meeting, having been read by Mr. T. Almond Hind, were confirmed. Dr. POTTER proceeded to read his paper:—

**IS THE NURSING AT THE LONDON
HOSPITALS SECTARIAN?**

ON June 12, last year, a letter appeared in the *Daily News* in which the writer complained to the public in the following terms: ‘I have always been brought up to believe that if there was an unsectarian institution in the world it is University College in Gower Street, and the institutions affiliated to it. One of these institutions is the Hospital, which is situated on the opposite side of the road, and bears its name. A short time since a complaint reached my ears that a young lady who wished to be trained as a professional nurse had applied for admission to University College Hospital as a probationer, that she had been approved in every respect as a fit and proper person, but that the question was eventually asked whether she belonged to the Church of England; and, as she replied that she was a Nonconformist, she was at once refused. On finding that the statement was repeated, I wrote to the secretary, told the story, expressed the belief that it could not possibly be true, and asked him to give me the means of contradiction.

‘In reply, I have this evening received the following letter:—

“ University College Hospital, London, W.C.
June 11th, 1885.

“ DEAR SIR,—Your information is quite correct. We do not receive probationers who are not members of the Church of England.—Yours faithfully,

“ CECILIA, Sister Superior.”

‘ So that it is true that in an institution ostentatiously professing to be unsectarian, built by the contributions of Jews, Unitarians, and Evangelical Dissenters, still supported by liberal contributions from people of all denominations and of none, a narrow sectarian limitation has been set up. The chief founders and supporters of a group of educational institutions—the fundamental principle and boast of which was to be its absolutely unsectarian character—would now find their own sisters and daughters excluded from it, as a school of nursing, by a sectarian barrier.

‘ I am, yours, &c.

‘ A LIFE GOVERNOR.’

I have quoted this letter in full, because no better introduction could be given to what is to follow.

‘ Life Governor ’ was not the only person who was surprised by this strange revelation: nor was the would-be probationer, whose champion he had become, the only young woman who had ground of complaint against University College Hospital. Further letters appeared in the *Daily News* and other papers—notably one from the Rev. G. Wilkinson, of Chelmsford—confirmatory of ‘ Life Governor’s ’ complaint, and expressing much indignation at the injury done to a large number of unoffending persons by the action of the Hospital authorities. The feeling of injustice was much aggravated by the manifest indifference of the Hospital officials, and by the well-known fact referred to in ‘ Life Governor’s ’ letter, that University College was fundamentally and ostentatiously a non-sectarian institution. It was like being slapped in the face by your very particular friend, and then laughed at because you asked for an explanation of the slapping.

People now began to think that this peculiar behaviour on the part of the officials of a voluntary charity was a little unseemly; and as the responsible authorities seemed inclined to endorse the proceedings of their servants, not a few persons looked around them for some

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speedy and effective means of rebuke. The Hospital Sunday fund was a source of income contributed to by members of all religious denominations: Catholic and Protestant, Hebrew and Christian, Churchman and Non-conformist. University College Hospital had often and largely participated in that fund. Could not the managers of the fund do something to check the wilfulness of an institution which had evidently taken the bit between its teeth? It was clearly due to their manifold constituents that the attempt should be made. The attempt was made, and the question thoroughly discussed by the managers of the fund. At this discussion Dr. Hare held a brief for University College Hospital; and his line of defence was so very peculiar that his advocacy rather injured than aided his client. His defence simply amounted to this, that if *two* blacks do not make a white *twenty* blacks do. Dr. Hare said he had made inquiries as to the course taken by twenty other hospitals as regarded the religious question. He got sixteen replies to these questions—three only out of the twenty were unsectarian.

He had nineteen replies to the inquiry as to whether the nurses were obliged to attend Divine service. In all but three they were required to attend Divine service in the Church of England. In two it was stated specifically that the nurses must be of the Church of England. In nearly all the hospitals there were Church of England services.

In all this the evident object of Dr. Hare was to show that University College Hospital is not singular; but that the majority of hospitals conduct their nursing on sectarian principles. If Dr. Hare's contention be true, and the London hospitals are really nursed on sectarian principles, I cannot but express the opinion—an opinion in which many persons of every creed will concur—that it is a highly reprehensible state of things. But is it true? It would not be difficult to show from Dr. Hare's own statements that his conclusions are thoroughly unreliable. But there is one particular flaw in his logic which alone is destructive of his argument. The argument goes to show that the London hospitals, *as a whole*, conduct their nursing on much the same principles as regards the religious question as University College Hospital. Unfortunately for this contention Dr. Hare does not claim to have information from more than *twenty* hospitals. Now in London there are more than *three times twenty*—more than sixty

hospitals of magnitude enough to be considered in an inquiry like the present. But even Dr. Hare does not contend that more than *two* of these insist upon *membership* in the Church of England as a condition of nursing employment. And there is nothing to show that University College Hospital is not one of the two. The truth is that Dr. Hare uses the word 'sectarian' in a purely arbitrary sense—apparently, indeed, in two or three different senses. What is the meaning of a sectarian institution? It is an institution which *cuts off* something from itself, or which *cuts itself off* from something else. Now, according to Dr. Hare himself, there are only two hospitals among all those which answered his inquiries which insist upon their nurses being *members* of the Church of England; that is, which exclude, or cut off, those who are not members of the Church of England—that is, only two which are truly *sectarian*.

But, as I have said, the inquiry of Dr. Hare is of little practical value, for the simple but sufficient reason that it does not cover more than a third of the ground.

Although that inquiry is of no *positive* value, it has proved itself already very potential for harm. It has spread abroad an impression, both in London and the country, that the London hospitals are made nurseries for sectarianism and religious intolerance. It has caused many of the sincerest friends of hospitals to question the propriety of supporting them if they are sectarian institutions; it has furnished the lukewarm with an apology for their indifference; and it has blown into fresh life and fierceness the smouldering embers of religious strife and fanaticism.

All experienced persons will admit that the present is not a time for placing difficulties in the way of hospitals, or for making them offensive to any large section of the public. It will also be admitted that very large sections of the public do not belong to the Church of England. If, however, an impression is produced that the nursing appointments in hospitals are in any considerable degree limited to members of the Church of England, and that Nonconformity is a positive barrier to such appointments, will not the Nonconformist portion of the public justly decline to give any help to hospitals? And will not right-minded members of the Church of England itself sympathise with this feeling of indignation, and strongly disapprove of the line of action which has brought it

about? Tell me of a single voluntary hospital which can afford to alienate a single subscriber, or to dispense with one shilling of its allowance from the Hospital Sunday fund? To excite in the minds of any portion of the public a feeling of irritation and distrust is to initiate a policy of suicide for the hospital which does it and of serious injury to all other hospitals. Institutions which are dependent upon the voluntary support of the public must labour to deserve the confidence of the public. In no other way can they survive; and in no other way ought they to survive.

The consciousness of the necessity for restoring public confidence induced several members of this Association to institute an inquiry into the religious, or rather the ecclesiastical, aspect of the nursing question in the metropolis. A carefully prepared schedule of questions was addressed to all known London hospitals. Answers to the inquiry have not been received from all the hospitals, though most of them have replied and have willingly furnished all necessary information. In all, fifty answers have been returned from London hospitals, and a considerable number from the country. Amongst those which have replied are Guy's, St. Thomas', Middlesex, St. George's, Westminster, the London Hospital, University College, St. Mary's, Great Northern Central, and other general hospitals. The special hospitals have replied in still larger numbers; making as I have said a total of fifty more or less complete answers from hospitals in London and its immediate vicinity.

The questions were divided into two series. The first series referred to those cases in which the nursing was committed to the care of a religious sisterhood. They are here given in full:—

I. WHERE NURSING IS UNDERTAKEN BY A RELIGIOUS SISTERHOOD OR ASSOCIATION.

- (1) Is the nursing at the hospital done by a religious sisterhood?
- (2) With what religious community is the sisterhood connected?
- (3) Is it obligatory that the
 - (a) Regular nurses,
 - (b) Probationers,
 - (c) Pupil nurses,

be members of the sisterhood, or, not being members, that they conform to all or any of the rules?

- (4) Can any person who is of good character, and in other respects suitable for a nurse, receive a nursing appointment as regular nurse, probationer, or pupil without being questioned or refused on account of her religious opinions or denominational position?

The second series of questions had regard to those cases in which the nursing was under the immediate control of the hospital authorities.

II. WHERE NURSING IS UNDER THE DIRECT MANAGEMENT OF THE HOSPITAL AUTHORITIES.

- (1) On what general principle is the nursing at the hospital conducted?
- (2) Are the nurses under the control of the matron, or is there a special nursing superintendent?
- (3) Are there any religious services for the nurses? If so, by whom are they conducted, and what is the form of service used?
- (4) Is attendance upon all or any of these services obligatory?
- (5) In the event of any nurse objecting to attend the services on conscientious grounds is she subjected to any disabilities? If so, of what nature are these disabilities?
- (6) Have any nurses within the experience of your hospital been prohibited from attending the prayers or services prescribed by the hospital rules? If so, please give details.

These questions, as I have already said, were sent to about sixty metropolitan hospitals and to several similar institutions in the home counties. The replies differed considerably in fulness and variety; but in every case, except one, there was evidently a frank desire to give all the information which was asked for. That exception, as you may have anticipated, was University College Hospital. The reply from that institution made no attempt to answer the questions in detail, but simply referred the querists to the published Annual Report of the Hospital. A second letter asking for more detailed information pro-

duced a second reply—a second time referring the Association to the Annual Report.

It is possible to give a rough classification of the hospitals based on their arrangements for the conduct of religious services; and such a classification will perhaps bring out with sufficient clearness the facts obtained by the inquiries, and the information we all desire to possess.

According to this plan the hospitals may be divided into seven classes:—

- I. Those hospitals at which the nursing is undertaken by a religious sisterhood. To this class only three metropolitan hospitals belong.
- II. Hospitals having no special religious services of any kind. Of these there are seven.
- III. Hospitals at which family prayers are conducted by the matron, or ward-sister, or a nurse—fourteen.
- IV. Hospitals where services are conducted by an honorary or paid chaplain who is a clergyman of the Church of England—fifteen.
- V. Hospital where the nurses attend a neighbouring parish church—one.
- VI. Hospital where the nurses attend a place of worship of their own choosing—one.
- VII. Hospital where prayers are read night and morning by the inmates, and a short service is conducted on Sunday afternoons by a layman—one.

This classification accounts for forty-two of the fifty replies given. Of the eight unaccounted for, four may be placed in one or other of these classes, though the replies were received too late for more definite classification. The other four are University College, the German Hospital, the Lock Hospital, and the French Hospital, Leicester Square. The table at the end of the paper gives full information concerning all the fifty.

The important question now arises: To what extent does sectarian nursing really prevail at all these fifty hospitals? How many of them, excepting University College, refuse appointments to pupils, probationers, or regular nurses on the ground of nonconformity to the established religion? Only a single one, unless it be the Lock Hospital, which declined to give information. Not one of all these hospitals, except University College and doubtfully the Lock, makes membership of the Established Church a condition of admission to its nursing appoint-

ments. Many of them, it is true, have religious services according to the rites of the Established Church ; and in two or three instances attendance upon these services is obligatory. But in by far the larger number of cases attendance is purely optional ; and in no single known instance, always excepting University College Hospital, is Nonconformity in any sense a disqualification. And that this is so is easily proved, for in the very few cases where attendance on the religious services is compulsory, no nurse, whatever her private views, has ever been known to object to such attendance. Dr. Hare may, of course, argue that he sees no difference between absolutely refusing to admit a person because she is a Nonconformist and compelling her to attend service to which as a Nonconformist she may be supposed to have some kind of objection. But I submit there is all the difference in the world. It is one thing to tell a man that if he comes to your house he will be obliged to eat cold mutton for dinner, but quite another thing to tell him that he cannot come to your house at all unless he has a wooden leg. Most persons can eat cold mutton, although they may not like it ; but very few persons can boast the possession of a wooden leg. And most persons, I suppose all English persons, can bring themselves to take part in the ordinary services of the Church of England without injury to their consciences, though many estimable persons cannot conscientiously declare themselves members of that Church.

But, as I have said, there are only four or five hospitals of the fifty replying who make any attempt at compelling attendance on religious services ; in all the other cases—which are as ten to one—even attendance is purely optional. In several of the hospitals where attendance at religious services is compulsory, the secretary makes the significant remark : ‘ No one has ever been known to object.’

The results of the inquiry may be briefly summed up :—

- (1) In by far the larger number of cases the nursing is under the direct control of the matron. In only three cases is it done by a religious sisterhood.
- (2) In almost all hospitals religious services are held ; and these, when according to the rites of the Church of England, are the simple and ordinary services.
- (3) Whilst in a very few cases attendance at these services is obligatory, in the majority of in-

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stances—ninety per cent.—attendance is purely optional.

- (4) In all these cases—with the exception of the German Hospital, where the nurses are German Protestants; and the French Hospital, where they are Catholics; and University College and the Lock Hospitals—the nursing appointments are open to all duly qualified women without distinction of creed.

The results thus obtained are, it seems to me, of the most satisfactory character, and should be so regarded by men of all religious creeds and of none. In these homes of charity Almighty God is revered, and respect for individual conscience prevails. Those who have regarded hospitals as places of good deeds where religion is a ministering angel and not a militant theologian may still so regard them.

It is one of the first duties of every friend of these philanthropic and noble institutions to keep them as far removed as possible from religious, as from all other, strife.

Table showing the measure of Religious Freedom accorded to Nurses at Fifty Metropolitan Hospitals.

Name of Hospital	Are the nursing appointments open to suitable persons of all religious denominations?	Is attendance on the prescribed religious services obligatory?	Are there any penalties for non-attendance?
Guy's	Yes	Yes	None
St. Thomas's	"	No	"
The London Hospital	"	"	"
St. Mary's	"	"	"
Middlesex	"	Roman Catholics excused attendance	"
Westminster	"	Not obligatory	"
St. George's	"	"	"
Great Northern Central	"	"	"
Metropolitan Free	"	"	"
West London (Hammersmith)	"	"	"
North West London	"	"	"
London Temperance	"	"	"
" Homœopathic	"	"	"
" Fever Hospital	"	"	"
Queen Charlotte's Lying-in	"	"	"
Chelsea Hospital for Women	"	"	"
General Lying-in Hospital, Lambeth	"	"	"
British Lying-in Hospital	"	"	"
City of London Lying-in	"	"	"
Hospital for Women (Soho)	"	"	"

Name of Hospital	Are the nursing appointments open to suitable persons of all religious denominations?	Is attendance on the prescribed religious services obligatory?	Are there any penalties for non-attendance?
Samaritan Free	Yes	Not obligatory	None
Evelina Hospital for Children .	"	"	"
Victoria Hospital	"	"	"
East London Hospital	"	"	"
Paddington Green	"	"	"
Belgrave Hospital	"	Attendance obligatory	"
Establishment for Invalid Gentlewomen	"	Not obligatory	"
Victoria Park (Chest)	"	"	"
Consumption Hosp., Brompton .	"	"	"
North London Hospital for Consumption	"	"	"
Central London Throat and Ear .	"	"	"
Royal Westminster Ophthalmic .	"	"	"
Royal South London	"	"	"
Western	"	"	"
National Hospital for Diseases of Heart and Paralysis .	"	"	"
National Hospital for Paralysed and Epileptic	"	"	"
Hospital for Epilepsy and Paralysis	"	"	"
Royal Orthopædic	"	"	"
City	"	"	"
St. Saviour's	"	Attendance expected	"
National Dental	"	Not obligatory	"
St. Mark's (Fistula)	"	"	"
Blackheath (Cottage)	"	"	"
Poplar Hospital (Accidents) .	"	"	"
Invalid Asylum, Stoke Newington	"	"	"
Seamen's Hospital, Greenwich .	"	"	"
German Hospital, Dalston .	Open to German Protestants only		
French Hospital, Leicester Square	Open to Catholics only		
University College Hospital .	Hospital authorities decline to give details. Refer the Association to the published Annual Report		
Lock Hospital	Hospital authorities regret they cannot comply with the request of the Association		

DISCUSSION.

Major-General KEATINGE, C.S.I., V.C., said that although Roman Catholic ladies might enter hospitals to learn nursing, it was his belief that they could never rise to take charge of wards.

Mr. NEWTON H. NIXON was glad of an opportunity of contradicting the misapprehension which existed concerning the nursing at the hospital which he had the honour to represent, and which he had already contradicted through the medium of the press. Any woman, provided she was approved, could come into University College Hospital to learn nursing, no matter what religion she belonged to, but she could not become a paid nurse. The reason of this was simply because the University College Hospital had for the past twenty-five years contracted with All Saints, Margaret Street, for their nursing, and had found this system answer admirably.

Mr. W. NIXON said he thought that everybody would be glad to know that the nursing was now proved to be unsectarian in almost every hospital in London.

Mr. HOLMES was of the same opinion, and said that his experience inclined him to believe that it was a matter of the utmost indifference to patients whether the nurses were of one religion or another religion, or *no* religion at all. He thought that the Hospitals Association should get information as to the sort of nursing required by the Local Government Board in the infirmaries under the Poor Law Act.

Miss MANSON said her hospital (Saint Bartholomew's) was quite unsectarian, and the morality of the nurses was everything that could be wished, and she sometimes received 1000 applications in a year for 250 vacancies.

Mr. RYAN thought that, as all these professedly *unsectarian* hospitals provided services for the Church of England nurses, and no other class of services, a decided tinge of sectarianism pervaded the whole number.

Sir ANDREW CLARK was of opinion that too much was made out of small things, and he felt that their best thanks were due to Dr. Potter for clearing up the question of sectarian nursing at London hospitals. A vote of thanks to the Chairman terminated the proceedings.

SIXTH GENERAL MEETING, MAY 19th, 1886.

THE sixth General Meeting of the session was held at the rooms of the Social Science Association, 1 Adam Street, Adelphi, W.C., on Wednesday evening, May 19th, 1886, when a paper was read by Surgeon-Major Evatt, Royal Mil. Academy, Woolwich, on 'The Ambulance and Hospital Arrangements of a British Army Corps.' The chair was taken by Major-General Keatinge, C.S.I., V.C., and among those present were Mr. Henry C. Burdett, Miss East, Mr. T. Almond Hind, Mr. Pietro Michelli, Mr. St. John Mildmay, Mr. Moore, F.R.C.S., Mr. W. J. Nixon, Mr. W. H. Pearce, Miss A. K. Robertson, Major Alex. Ross, M.P., Sister Stanley, Miss Watson, Joseph White, Esq., F.R.C.S., Miss Wylde.

The Minutes of the last General Meeting were read by Mr. T. Almond Hind, and adopted.

Major-General Keatinge, C.S.I., V.C., having made a few introductory remarks, Surgeon-Major EVATT proceeded as follows:—

**THE AMBULANCE AND HOSPITAL ARRANGEMENTS
OF AN ENGLISH ARMY IN THE FIELD.**

I PROPOSE in the following pages to explain very briefly the ambulance arrangements of an English army for the aid of the wounded soldiers on the field of battle, and the hospital organisation by which these men, when sick or wounded, are cared for and conveyed from the battle-field to London.

Since the great awakening of the Crimean campaign, almost constant developments have taken place in our war system; and, even so late as last year (1885), a new series of medical regulations were issued, carrying on the evolutionary work begun at that time. In all these developments the tendency has been to grant a fuller autonomy to the medical service of the army, to render it more self-contained, more completely responsible for its own work; and we trust on these lines it will one day reach a high state of perfection.

As the value of the private soldier rises in social estimation, so must the arrangements made for his care in war develop in proportion.

We may safely say that, without organisation, forethought, and practice in peace for war, success cannot be attained in the medical or in any other branch of the military service.

Three elements to-day constitute the medical service of the army, viz. the officers, or medical staff; the non-commissioned officers and men, or the Medical Staff Corps, who furnish the wardmasters, nursing orderlies, compounders, storekeepers, clerks, watermen, washermen, and fatigue men of the hospitals; and, finally, the nursing sisters, who in some of the larger military hospitals perform the same duties as 'sisters' in the civil hospitals, in superintending the nursing work of the male nursing orderlies. The officers, chosen from the civil profession, are trained at Netley and Aldershot; the non-commissioned officers and men, enlisted as soldiers, are trained at Aldershot; and the 'sisters' are in some measure trained at Netley Hospital, and at times in civil hospitals, whence they join the military service. We shall at present devote ourselves solely to the war organisation of the department.

To understand our war system it is necessary to remember that we work now on what is called the 'Army Corps' scheme.

An English army in the field has for its ideal the 'army corps' of 36,000 men. This is the highest organised body in the English army, and on the scale drawn up for it all greater or less campaigns are practically organised.

They may be fought with half, or quarter, an army corps—or with two army corps; but, large or small, the 'army corps scale' is in the main the standard followed.

Every year the War Minister publishes a revised series of 'Army Corps Tables,' showing every officer, man, gun, horse, or waggon in the army corps, so that we can see exactly the means proposed to be given us to do the work, and judge from it our chances of success or failure.

An army corps of 36,000 men is divided into three divisions of about 10,000 men each: the cavalry brigade, and the corps or reserve artillery of thirty guns. It is commanded by a general officer; and the medical service is directed by a surgeon-general, as principal medical officer of the army corps.

Each division contains twelve battalions or batteries. The cavalry brigade contains three regiments of cavalry

and one battery of horse artillery, and the artillery corps contains thirty guns in five batteries.

This is what we may call the 'order of battle' of an English army corps.

The 'Army Corps Table' lays down very accurately the definite numbers of the medical corps, commissariat, transports, veterinary officers, chaplains, &c., so that it is possible to know, down to the traditional gaiter-button, what our wants are, and if they are provided for.

For the medical corps of the army corps the following are the details :—

1st. The Battalion Aid.

2nd. The Bearer Company.

3rd. The Field Hospitals.

4th. The Stationary and General Hospitals, and finally, The Hospital Ships, which convey the sick and wounded to England.

We may deal with these several details in their order.

1. *The Battalion Aid.*—When war is imminent we mobilise our peace battalions by calling up the army reserves. The Medical Department then posts to every battalion, battery, or cavalry regiment one medical officer, who stays with the unit during the campaign. He has with him urgent medicines, bandages, &c.; but there is no regimental hospital, nothing beyond a 'detained' tent, where a man slightly indisposed can rest for the day and recover; all serious cases are sent to the field hospitals.

For ambulance aid to the wounded on the field, the battalion-surgeon is given sixteen men of the battalion, who are trained in peace in ambulance instruction and first-aid drill; and these men have eight stretchers, one per company, given them; and in action they, with the battalion-surgeon, afford the first aid to the wounded as they fall on the battle-field. They give the hasty, rough dressing, and label the wounded with their corps and name. It is a question as yet unsettled as to whether one battalion-surgeon is enough for a battalion in war; most Continental armies allow two doctors for this duty. In cavalry, especially, the work of a single doctor on outpost or reconnaissance duty is excessive.

The function of the battalion-surgeon in the battle-field is very limited. In the hurry, the over-pressure, and the confusion of the fighting-line, he can but give a very hasty

aid to the wounded man, and having done this the soldier must be cared for by other and non-regimental agencies. It is then that he passes into the hands of the medical corps proper. Nothing so paralyses the rapid movement of an army as the incumbrance caused by masses of sick or wounded men, and the whole tendency of modern war is to 'free the front' of these men and convey them to the base of operations.

Our English arrangements for this work were in old days singularly defective; and in the Crimean campaign the want of an organised ambulance corps, and definite well-organised general hospitals, caused great loss of life and intense suffering to those who survived.

Since 1878 we have made considerable progress in the direction of efficiency, and the divisional bearer company of the medical corps now forms a part of all properly equipped expeditions.

We have in every army corps eight bearer companies or ambulance corps, posted by twos to each division, and also one to the cavalry brigade and one to the corps troops.

These companies are made up of three medical officers, one quartermaster, and sixty men of the medical staff corps, with ten ambulance waggon, a detail of transport, and surgical instruments, medicines, and feeding equipment to give a hasty refreshment on the field. They push up close behind the fighting-line, and, sending their ambulance men forward, receive over from the regimental bearers the roughly dressed wounded of the entire division as a whole without reference to particular regiments or corps. All wounded are gathered in by these men to the 'collecting station,' and are then transferred to the ambulance waggon of the companies for conveyance to the 'dressing station' or ambulance hospital on the battlefield, when operations can be performed, sustenance given, and care taken of the wounded until they are transferred to the field hospitals farther in the rear.

These bearer companies are great field reservoirs where all the wounded from every channel are collected as a whole. It may safely be said that on their efficiency and proper equipment with officers, men, and transport, depend, in the most marked way, the care of the wounded on the battlefield.

The battalions, with the battalion-doctors moving forward after the foe, must attend on their wounded; and care can only be given to the wounded left on the field if

a proper allowance of trained officers and men be detached for the purpose.

Many persons think that an increase of surgeons and men to the existing bearer companies in the English army would tend in the highest degree to increasing their efficiency.

From the bearer company, dressing station, or ambulance hospital on the field the sick and wounded are transferred to the 'field hospitals.'

There are fourteen field hospitals laid down for an English army corps, each hospital supposed to be fit to nurse and care for 100 patients; that is to say, tentage, food, medicines, and a medical staff sufficient to treat and care for in every way 100 sick, are supposed to be allowed, or for 1,400 men in the first line of the army corps of 36,000 men.

The equipment is packed in transport waggons, and these light hospitals move with the army in any needed direction. If needed, they are then taken out of the waggons and pitched where desired.

The following is the *personnel* of an English field hospital for 100 patients:—

Medical officers	.	.	.	.	.	4
Quartermaster	.	.	.	.	.	1
Wardmasters	.	.	.	.	.	2
Storekeepers	.	.	.	.	.	4
Cooks	.	.	.	.	.	3
Nursing orderlies	.	.	.	.	.	14
Messenger	.	.	.	.	.	1
Supernumeraries for water, &c.	.	.	.	.	.	5
Washermen	.	.	.	.	.	2
Clerk	.	.	.	.	.	1
Compounders	.	.	.	.	.	2
						<hr/>
Total	.	.	.	.	.	39

The various ranks discharge their duties as laid down in the above list. The senior medical officer commands the quartermaster as chief storekeeper.

These hospitals care for the wounded on the field until they either return to their battalions cured, or until, by 'sick convoys,' the wounded are conveyed along the communication line towards the base.

The subordinate *personnel* of these hospitals has been practically doubled since the 1882 campaign, so that the

work of the medical officers is made more easy, and the chances of success in war are far greater than with the entirely undermanned hospitals of the 1882 campaign. The hospital of 1882 had neither watermen, nor washermen, nor conservancy men, and these elements are now supplied. One great element of efficiency, however, is still wanting—viz. a permanently mobilised field hospital, working regularly as a training school in peace, where we could see day by day the equipment tested, and the weak points discovered.

It is to be hoped that some day England will give her medical officers such an essential aid to efficiency. As the army moves forward the field hospitals are relieved by the ‘communications’ hospitals.

The ‘communications’ hospitals are each supposed to be equipped and manned for 200 patients, and they are placed at the various *etappen* posts, or halting stations, along the communications-line, say every twenty or thirty miles apart from the base to the front; they receive over the wounded of the field hospitals; and, freeing them, the field hospitals can rejoin their divisions and be ready for the reception of wounded from the next fight.

As the sick or wounded soldier proceeds by convoy along the communications-line, stage by stage he eventually reaches the base of operations; and there, in the general hospital at the base, rests until he recovers, or until, being seriously maimed, he is sent to England. The *personnel* of a base hospital for 500 wounded is as follows:—

Principal medical officer	1
Secretary	1
Division medical officers	2
Medical officers	16
Quartermaster	1
Wardmasters	12
Storekeepers	10
Compounders	2
Cooks	10
Nursing orderlies	70
Clerks	4
Messengers	2
Supernumeraries	12
Bugler	1
	<hr/>
	144
Female nurses, &c.	9
	<hr/>
Total	153

Such a staff, although not perfectly ideal, is assuredly a great advance on the chaos of the Scutari general hospital in 1854.

Sir James Hanbury considers one orderly per five sick as needed in a base hospital. The regulation here allowed is one per seven sick. If we got one per five sick, it would raise the nursing orderlies to 100 men, and probably would provide for the night nursing in a far better way than could now be done with one per seven sick.

There is no definite staff allowed for the washing of the patients' clothes, and it has been suggested to add about twenty-three men to the existing supernumeraries, to provide more fully for the water supply, conservancy, and washing of the hospital. Probably also some increase in the compounders would be very desirable.

From the base hospital the sick are conveyed to England by regularly equipped hospital-ships, and in the late Suakim campaign the 'Ganges,' under command of Surgeon-Major Gibbon, achieved a notable success.

By the hospital-ships the wounded are conveyed to our great hospitals at Netley, Woolwich, &c.

This is the outline of our system, and if we are asked where are the weak points, I should answer: The single surgeon with each battalion in the field; the weakness in point of numbers of the bearer companies; the want of a clearer understanding as to who is to be responsible for the transport of the sick and wounded on the communications-line; and, finally, a somewhat fuller staff at the general hospital at the base of operations. What is more particularly wanting is a fuller knowledge by the nation of the work to be done and the means allowed to do it.

A trained war reserve of young volunteer surgeons would be a great help; and from the Volunteer Medical Staff Corps such a body may one day be developed.

To-day we have in England a quarter of a million volunteers; but their ambulance arrangements are very imperfect, indeed, practically absent.

We need to develop these by raising a Volunteer Medical Staff Corps to supplement the existing regimental surgeons and ambulance men, and to provide bearer companies and field hospitals for the Volunteer forces.

Mr. Cantlie, of Charing Cross Hospital, has raised a London battalion of medical volunteers; and Edinburgh has also started a corps.

By training the medical students, while students, in the details of ambulance work some attempt has been made to give ambulance matters a definite footing in the medical schools, so that, in case of a great war, the civil doctors called in to help may know something of the work needed of them.

This very imperfect sketch gives a meagre outline of our present war system of medical aid. I find the system little understood by the nation, and it is rather to serve as an educating agency, than to express my own opinions, that I have written the above lines.

On the conclusion of the paper, Major-General Keatinge, C.S.I., V.C., invited a discussion.

A discussion ensued in which Mr. Pietro Michelli, Mr. Burdett, Mr. Mildmay, Mr. Moore, F.R.C.S., and the Chairman took part.

The proceedings terminated with a vote of thanks to Surgeon-Major Evatt for his Paper and to Major-General Keatinge, C.S.I., V.C., for presiding.

THE RULES AND CONSTITUTION.

I. The Hospitals Association shall consist of ladies and gentlemen connected with the various branches of hospital administration.

Objects.

II. The objects of the Association shall be (1) to facilitate the consideration and discussion of matters connected with hospital management, and, where advisable, to take measures to further the decisions arrived at; and (2) to afford opportunities for the acquisition of a knowledge of hospital administration, both lay and medical.

Means.

III. The Association shall afford facilities for the reading, discussion, and publication of approved papers; for the delivery of lectures and for the holding of conferences on hospital administration, hospital management, medical relief, medical education in relation to hospitals, free and provident dispensaries, and other kindred subjects; and shall found a library, consisting of works on hospital administration, construction, finance, and statistics.

Accommodation.

IV. The Association may from time to time acquire by purchase or lease for its purposes the whole or part of any building or buildings, upon such terms as may be thought fit, and shall also have power from time to time to sell or surrender any premises which, in its judgment, are no longer required for such objects.

Membership.

V. The Association shall consist of members and associates, who shall be elected by the Council. Each applicant for admission shall be nominated by two or more members, who shall certify in writing that the candidate is a fit person to be elected a member or associate of The Hospitals Association.

The subscriptions of members shall be one guinea, and of associates ten shillings and sixpence, payable annually in advance, on the 1st of January in each year. One year's subscription shall be payable on admission, unless the date of admission be later than the 30th of June, when only a half-year's subscription shall be so payable. The subscriptions of members and associates may be compounded for by a payment, at any one time, of ten guineas

and five guineas respectively. Members and associates shall be entitled to attend and vote at all meetings of the Association, but members only shall receive gratuitously the published papers or journals of the Association, and be entitled to the use of the library.

The Council shall have power to elect as honorary members men of distinction in the practice or literature of hospital administration, of medical education, statistics, or other kindred subjects, provided they do not reside within the metropolitan postal district.

Council.

VI. The control of the Association shall be vested in the Council.

VII. The Council shall be chosen annually at the general meeting from the members to conduct the affairs of the Association; and shall consist of a president, four vice-presidents, a treasurer, and twenty-five members, one-fifth of whom shall retire annually in rotation, the order of rotation in the first instance to be decided by ballot or otherwise. The five retiring members shall not be re-eligible for one year. Every member shall be eligible to fill any of the offices in the Council, but no member shall hold more than one office at a time.

The president, four vice-presidents, and treasurer shall *ex officio* be members of the Council. They shall be elected each year, at the annual general meeting, from among the members of the Association. Each shall be eligible for re-election, and shall hold office until his successor is appointed, provided that no office shall be held by the same person for any longer period than five consecutive years.

The notice convening the annual general meeting shall state the names of those recommended by the Council for election as president, vice-presidents, treasurer, and as members of Council to supply the places of those retiring.

Sectional Committees.

VIII. The Council shall have power at their discretion to elect in any year one or more sectional committees, *e.g.* :—

1. For *General Administration*.
2. For *Medical Administration*.
3. For *Executive Management of Hospitals*.

Each sectional committee may consist of not more than twelve members and associates, and may meet once a month from October to April, or oftener, and shall possess the following powers and privileges :—

(1) The right to elect from amongst their members in each case a chairman and honorary secretary.

(2) The right to elect one of their number to represent them on the Council during the sitting of the said committee.

Three members of a sectional committee shall constitute a quorum. Minutes shall be kept of the proceedings of every sectional committee, which minutes shall be presented and read at the next succeeding meeting of the Council.

Vacancies in Council.

IX. On any extraordinary vacancy of the office of president, or any office other than trustee of the Association, or in the Council, a meeting of the Council shall be summoned with as little delay as possible, and shall choose a new president or other officer of the Association, or member of the Council, as the case may be, to hold office until the next annual general meeting.

Auditors.

X. At the annual general meeting in each year, two members of the Association, not being members of the Council, shall be elected to act as auditors for the ensuing year.

The auditors shall hold office until the next annual general meeting, and shall be eligible for re-election.

Trustees.

XI. The property of the Association shall be vested in three trustees, and a resolution of the Council shall, in all cases, be a sufficient authority and protection to the trustees for and in respect of any conveyance, transfer, payment, or other act thereby directed.

The present trustees are Joseph Sayer Bristowe, Esq., M.D., LL.D., F.R.S., H. C. Burdett, Esq., and John Henry Buxton, Esq.

Each trustee, whether already appointed, or to be appointed, shall hold office until his death, resignation, or removal. Any trustee may retire from office on giving a written notice, addressed to the Council, of his desire so to do. Any trustee may be removed at a special general meeting, if it shall be determined at the meeting that sufficient cause exists for such removal, and any vacancy in the office of trustees may be supplied from among the members at the same or any other special general meeting.

Secretaries.

XII. The Council may appoint two or more of their number to be honorary secretaries, and engage such paid officers as they from time to time deem necessary.

Quorum of Council.

XIII. The Council shall meet once a month, or oftener, as may be requisite. Five members to be a quorum.

Journal.

XIV. The Council may, from time to time, issue a journal, or such other publication as they may think desirable, and for this purpose appoint one of their members to be honorary editor, and engage such paid assistance, and apply in paying the expenses of the journal such part of the funds of the Association as in their judgment may be necessary.

Arrears in Subscriptions.

XV. In the case of any member or associate failing to pay his annual subscription, due on 1st January, before the 1st of March, notice shall be sent to him, or to his banker or agent, by the secretary; and if the subscription is not paid on or before the 1st of May, he shall cease to be a member of the Association, and his name shall be erased from the books accordingly; but he may be readmitted by the Council upon assigning reasons which they shall deem satisfactory for his failure of payment.

Resignations.

XVI. Any member or associate may resign, on giving notice of his intention in writing to the Council; but no one can withdraw his name from the books of the Association unless his subscription shall have been paid for the year in which the notice of his resignation is received.

Removals.

XVII. A majority of not less than three-fourths of the members of the Council present at a meeting, special notice having been given for that purpose, may remove from the books of the Association the name of any member or associate who, in their judgment, shall have been guilty of any act derogatory to his character and reputation, and calculated to bring discredit on the Association, and he shall thereupon cease to be a member of the Association.

Meetings.

XVIII. The ordinary meetings of the Association shall be held monthly or oftener, during the session, which shall be from October to May, both inclusive, on such days, and at such hours as the Council shall declare.

Annual General Meeting.

XIX. A general meeting of members or associates shall be held once in every year, at such time as the Council may determine, to receive the report of the Council and the treasurer's accounts, to elect the officers of the Association, and to decide questions concerning its rules and management.

Special General Meetings.

XX. The Council may, when it appears to them necessary, and shall on the written requisition of not less than fifty members of Association, call a special general meeting of the Association.

Notices of Meetings.

XXI. All notices of general meetings shall either be delivered at, or sent by post to, the last known address of each member of the Association ten days at least before the day of the meeting. Every notice of a special general meeting shall specify the object for which such meeting is convened.

Elections.

XXII. All elections, whether by Council or otherwise, shall be by ballot, and, except where the constitution shall otherwise provide, all elections and all questions shall be determined by a majority of votes.

Bye-Laws.

XXIII. The Council may, from time to time, make such bye-laws, not inconsistent with this constitution, as in their judgment may be necessary or desirable in the interests of the Association.

Alteration of Rules.

XXIV. A majority of the members and associates present at a special general meeting shall have power to make, from time to time, any alterations in the constitution not inconsistent with its main object ; but no alteration shall be made without notice of the proposed alteration having been given in the notice convening the meeting, nor until the minutes of such meeting have been confirmed at a subsequent general meeting, ordinary or special.

REGULATIONS CONCERNING DISCUSSIONS.

1. Persons desirous of taking part in the discussions are requested to send up their cards to the chairman, by whom they will be called upon to speak.
2. Speakers will be limited to ten minutes. A bell will be sounded two minutes before the close of the allotted time.
3. Resolutions put from the chair must only be in the form of recommendations to the Council, by whom all such recommendations will be carefully considered.

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The Hospitals Association.
Publication No. I.

A National Pension Fund FOR NURSES

AND

HOSPITAL OFFICIALS.

BY

HENRY C. BURDETT,

*Chairman of the Executive Committee of The Hospitals Association, and
Founder of The Home Hospitals Association for Paying Patients.*

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A NATIONAL PENSION FUND

FOR

NURSES AND HOSPITAL OFFICIALS.

DURING the last five years there has arisen a feeling, which has gathered strength and volume year by year, in favour of the establishment, upon a financially sound and adequate basis, of a fund out of which all who are engaged in ministering to the requirements of the sick in this country, who are not otherwise provided for, may obtain on provident principles annuities or pensions, and possibly temporary and permanent sick-relief when they themselves are struck down by illness or incapacitated by age from further labour in the cause of suffering humanity. There is indeed reason to believe that the time has arrived when the outlines of a scheme, which will adequately meet the requirements of those referred to, may be usefully formulated and discussed. The soundness of this view is testified to by the widespread interest this proposal has excited amongst all classes of workers, in every grade of hospital and institution, who would be likely to benefit by the establishment of a National Pension Fund for Hospital Officials and Trained Nurses.

At the outset it may be well to inquire what provision
The Existing Provision. exists at the present time for pensioning any portion of the great army of workers who labour in the hospital field, using the word hospital in its widest and most extensive sense. First of all, those who devote their time and attention to the care of the insane in public asylums may be provided for by the authorities, Parliament having sanctioned the devotion of public moneys for this purpose. In the same way the Metropolitan Asylums Board *employés* and those who attend to the sick in Poor-law Asylums may be provided for, at the discretion of their employers, from public funds. Then there is the Trained Nurses' Annuity Fund, for which we are indebted to Lady Bloomfield's munificence, which provides a pension of £15 a year to some fifteen women who have been engaged in medical nursing for fifteen years, on

their attaining fifty years of age, preference being given to those who have saved £15, which sum each annuitant must pay, on election, into the general fund. Lastly, there are the few hospitals and nursing institutions which individually endeavour to make some provision for their nurses. At Guy's Hospital there is a scheme which was established in 1851, which offers sisters and servants in the employ of the hospital, who contribute to it, one-half the amount that will be necessary according to his or her age, the other half being contributed by the governors as an addition to the wages, or as a reward to those in their service. Every person in the service of the hospital under fifty years of age is required to contribute, but those dismissed for misconduct forfeit all interest in the Fund. The average of superannuation is estimated at sixty-five years. Those who choose can, by paying a higher annual rate, take their money out with 3 per cent. simple interest on leaving, or in the event of death, this money is paid to the friends. Dr. Steele states that very few of the nurses have availed themselves of this Fund, as the majority leave after a short period of training, to take appointments in other hospitals, or to become private nurses. At the Middlesex Hospital all fees for training lady probationers have been placed to a separate fund, from which it is proposed to pay pensions after fifteen years' service. The amount thus received appears to have been so large as to warrant the committee in spending many hundreds of pounds in erecting a Nurses' Home in juxtaposition to the hospital buildings, for the accommodation of the staff engaged in private nursing. The St. John's House Sisterhood,* the Institution of Nursing Sisters, Devonshire Square, and the All Saints' Sisterhood make arrangements for old and disabled sisters after fifteen years' service. Such pensions are intended as a provision for old age when the sisters are unable to maintain themselves, and as supplementary to their own savings. Among provincial institutions tentative arrangements for pensioning nurses appear to be in existence at Bath and Cambridge, but particulars are not forthcoming; whilst in several institutions, as, for instance, at the Birmingham General Hospital and the Worcester General

* One hundred and fifteen of these nurses have registered their names as wishing to join the National Pension Fund.

Infirmaries, pensions have been granted to sisters and nurses after twenty-five years' service, on the ground of long connection with the hospitals. Schemes have been projected, and are under consideration, at the Westminster Hospital, and at the Carlisle Infirmary; whilst at the Exeter Hospital the Pension Fund lapsed because "it proved ruinous to the Institution." A similar attempt was also unsuccessful at Sheffield. In the last two instances the absence of rules and adequate care at the outset no doubt proved fatal, as might have been expected, to the scheme. It will be gathered from the above facts that for all practical purposes no attempt has yet been made to provide adequately for the sustenance and care of nurses, much less of hospital officials, when permanently invalided, or when too old for duty; such provision as exists being very limited in quantity, and not readily available, because where existent removal to a new sphere of duty disqualifies the members. A National Fund would be conceived on sufficiently broad lines to include the greatest number of workers in the hospital field, whilst it would offer them the largest advantages possible, and at the same time afford them adequate guarantees of financial stability.

It is not necessary at the present stage to elaborate the complete scheme, but it will be sufficient to lay down the general principles on which the National Fund should be established. The details can best be arranged later on, after full consideration, when it is decided what benefits are desired, and can properly be provided. Initially it must be stated that the Fund must be so organised as to be entirely self-supporting, that is, the plan must be such as to ensure permanence and solvency, apart altogether from any donations which may be received from non-members. In other words, the scale of contributions levied on members should be so constructed as in themselves to provide the benefits promised, and to defray working expenses. Although the Fund would thus be independent of outside aid, it must be so conceived as to offer facilities—

1. To the Committees and Managers of Public Institutions to pay at their discretion a portion of the premiums for the whole or any members of the staff they employ.
2. To members of the general public, or to anyone inte-

rested in hospital officials or nurses as a class, who desire to give a donation or lump sum to the Fund, which would be applied to provide bonuses to all the members equally.

3. To patients and others who, having received invaluable aid in the day of sickness from a nurse or nurses, could, by giving a donation to the Fund to be applied to her benefit, either (a) lessen the amount of her annual contribution, or (b) increase the amount of pension she would receive at a given age.

It is necessary to insist upon the adoption of the principle that the scale of contributions levied on members must be so constructed as in itself to provide the benefits promised, because, although it necessarily increases the amount which each member who joins the Fund will have to contribute, financial stability must be secured. Besides, a member's contribution could be reduced, or her benefits increased, by the contribution or donation of the employer, or the patient or friend of any individual member who might voluntarily contribute to the Fund as a whole.

Fifteen years' continuous residence in various hospitals and an active participation in their management having convinced the writer of the necessity for a National Pension Fund, and the soundness of the principles above enunciated, he proposed in the autumn of 1883 to collect information and data for the actuary's guidance in drawing a scheme. This work has been continuously pursued from that date to the present time, the whole of the four years being devoted to the attempt to educate public opinion and to organise all that was valuable in the feeling known to exist amongst hospital officials and nurses who would be eligible to participate in such a Fund. The recent announcements that Her Majesty the Queen had decided to devote the Women's Jubilee Offering, amounting to £75,000, to the benefit of nurses and nursing institutions, has naturally given such an impetus to this movement that the principles of the proposed scheme may at length be published with advantage. This decision of Her Majesty may have a material influence on the constitution of the Fund, because a contribution of £20,000 would enable an Annuity Fund to be established according to law, which could grant annuities to any amount, and so include the officials of all ranks in the

Steps so far
taken.

scheme. Otherwise the Fund would have to be registered under the Friendly Societies' Act, and no annuity could exceed £50 per annum—unless, of course, £20,000 was subscribed by the general public. The labour and expense would be considerable, and much delay must necessarily ensue in the latter case. Then again, if the Queen should decide to support the Pension Fund scheme, it might be called Queen Victoria's Bounty, and thus perpetuate her Jubilee for all time, whilst conferring inestimable benefits upon probably the most deserving class of workers in the country.

At the present time there are in England some five hundred general and special hospitals, three hundred cottage hospitals, and probably as many nursing institutions, besides those located in Scotland and Ireland. During the last twenty years a system of nursing has been developed which has led to young women of twenty years of age and upwards being taken as probationers into the children's hospitals at wages of from £12 to £18 a year. At the general hospitals the age of probationers is usually increased to 25 and not infrequently a probationer from the children's hospital is drafted to a larger hospital, where the scale of wages is increased from £20 to £25 per annum. Many of the better and more capable of these women are in process of time promoted to be sisters or head-nurses, with salaries of from £30 to £50 per annum. Sometimes sisters are again promoted to be lady-superintendents or matrons, at incomes of from £50 to £120 per annum. To become a trained nurse a woman must necessarily attach herself in the first instance to a hospital where she can be trained and receive a certificate, and consequently the nursing staff of every properly constituted nursing institution which supplies private families, as well as that of the special and cottage hospitals, are drafted mainly from the larger hospitals from time to time.

It is difficult to estimate, but from all I can learn, I think I am within the mark in stating that there are some 15,000 nurses in this country to-day, of whom from one-third to one-half are certificated or hospital-trained nurses. During the last four years some 2,500 hospital officials and nurses have intimated their desire to join a National Pension

Fund. With the view of testing this feeling thoroughly, The Hospitals Association recently opened a register at Norfolk House, Norfolk Street, Strand, W.C., where, during the last few weeks, in consequence of this fact being announced in the columns of THE HOSPITAL, upwards of 1,000 names have been registered. I think, therefore, we may assume that evidence is forthcoming to prove that a very considerable number of persons engaged in attending the sick are anxious to devote their lives to the work, and, as cautious and reasonable people, to secure an adequate provision for themselves when disabled by age or other infirmity.

In the course of these inquiries a mass of information has been elicited as to what provision is desired by
 What is to be the nurses from the institution of a Pension
 Provided. Fund.

First of all, for reasons which will be stated later on, it seems to be essential that no nurse shall be eligible to join the Pension Fund who has not received adequate training. That is to say, whether the applicant is a hospital nurse, a private nurse, or a midwife, to entitle her to membership she must produce evidence to the satisfaction of the managers of the Fund that she is a trained, *i.e.*, a certificated nurse. In the same way hospital officials who desire to avail themselves of the Fund will also have to produce evidence that their experience and position entitle them to join as members. Every member will be entitled to benefits in proportion to the amount which he or she contributes to the Fund. For example, it is proposed that a hospital secretary may elect to enter for a pension of £100 per annum, or any sum up to £300 per annum, a matron for any sum up to £250 per annum, and any other official for any sum up to £100 per annum, on attaining a certain age. All that will be required is that the annual premiums shall be paid with regularity as they fall due year by year; or that a single contribution or a lump sum shall be paid into the Fund, in accordance with the tables prepared by the actuary. This is the only distinction that can be drawn between any of the members who desire to participate. All, with possibly the exception of midwives, whose case is a special one, would pay at the same rate, though the amount of the contributions of each individual would depend upon the benefits which they desired to ultimately derive from the Fund. Another

point which has given rise to much discussion is the establishment of a Sick Fund. The general result seems to prove that those nurses who are engaged in hospitals and similar institutions, where they are provided for when temporarily ill, will not require the assistance of such a fund except for permanent disablements; although nurses attached to nursing institutions would find temporary as well as permanent sick-pay essential to their well-being and comfort.

The scheme will therefore include sick-relief for twelve months' continuous illness; or, if members prefer it, they can, by paying an increased rate, secure a fixed weekly payment up to fifty years of age, when permanently invalided. Each member could enter for sick-relief or not, at discretion, on making the necessary payments to the Fund, and passing such a medical examination as may be thought necessary by those responsible for the management. Many questions have been asked as to the extreme limit of age on joining. This is again a matter which can only be adjusted on financial principles. Any nurse may join up to forty years of age on paying the necessary premium, or she can compound that premium by handing over her savings to the Fund as a lump payment, fixed at an amount proportionate to the annuity or pension she desires ultimately to receive. It is not proposed to give a pension to any nurse before she attains the age of fifty years, and those who have good constitutions may at their option enter at a reduced premium by postponing the date when they will be entitled to a pension, or by waiting till they attain 55 or 60 years, the latter being the Government period.

It has been pointed out that many hospital officials and nurses do not continue their connection with hospitals after a certain period, say after ten years' service. One effect of the Pension Fund would probably be to alter this, by offering a sufficient inducement to make attendance on the sick the object to which they would devote the best part of their lives. Be this as it may, no fund would adequately meet the necessities of the case which did not allow a member to withdraw from the Fund on giving up nursing, on being married, or for private reasons, or in case of death. In all such circumstances the whole of the contributions paid into the Fund would be

returned to the retiring member, with such interest and bonus, if any, as the directors of the Fund might be able to allow in each individual case. By a reduced annual payment of from one-sixth to one-fourth any member could purchase the right to a pension at a certain age, without the return of the money paid into the Fund.

The proposed Fund would then be so constituted as to allow
 A General Summary. any accredited hospital official and nurse or servant to join, on payment of the annual premium laid down in the tables as necessary to secure sick allowance or the amount of pension which each desires to obtain on attaining a certain age. Everyone who elects to do so when joining the Fund will be at liberty to retire from it after payment of at least one year's full contribution, at any time prior to the attainment of the specified age, and on withdrawal all contributions paid will be returned, but without interest, unless the managers of the Fund for the time being decide otherwise. Members who preferred it might pay a smaller annual premium, and forfeit the right to the return of any sums paid into the Fund.

Tables showing (1) the rates of payment necessary at various ages under varying conditions; (2) the average salaries and wages received by those eligible to join the Fund; (3) the effect of a slightly altered system of remunerating hospital officials upon the individual payments of members; (4) how hospital committees could readily and economically encourage efficient service, and provide for old and respected officials; (5) how members of the public could readily benefit and encourage individual members; and (6) how donations to the Fund as a whole would be dealt with and distributed by way of bonus to the members, will be explained and illustrated by select examples. Why it is necessary and desirable to establish a special Fund, instead of utilising the Post-office system; what will be the effect of a donation from the Queen's Fund; the constitution and management of the Fund, and other technical and special points, were orally explained, and can be ascertained on communicating with Mr. Burdett, The Lodge, Porchester Square, W.

THE NATIONAL PENSION FUND.

BY OUR SPECIAL REPORTERS.

ON Wednesday evening, the 12th inst., The Hospitals Association held the first General Meeting of its fifth session, in the rooms of the Society of Arts, John Street, Adelphi. Arrangements had been made for the meeting to take place in the Library, but before the hour fixed for the opening of the proceedings the audience had grown so large that it was deemed advisable to invite the company to adjourn to the large hall. Even this capacious chamber proved none too large for the very numerous attendance, Ladies, as might be imagined, largely predominated. Amongst them were the representatives of no less than thirty-five hospitals, including the London, St. Thomas's, Charing Cross, King's College, Westminster, Middlesex, St. Mary's, Paddington; Seamen's, Greenwich; Royal Free; Victoria Hospital for Children, Chelsea; Royal Hospital for Children and Women; Chelsea Hospital for Women; the Women's Hospital, Soho; Alexandra Hospital for Children; Evelina Hospital for Children; Paddington Green Children's Hospital; Sydenham Hospital for Children; Queen Charlotte's General Lying-in Hospital; London Fever Hospital; Eastern Fever Hospital; St. John's Hospital for Skin Diseases; Poplar Hospital for Accidents; City of London Hospital for Diseases of the Chest; Westminster Ophthalmic Hospital; the Royal London Ophthalmic Hospital; Brompton Cancer Hospital; the Lock Hospital; Blackheath Cottage Hospital; Chesham Cottage Hospital, and the Boston Cottage Hospital; twelve infirmaries, including those of Chelsea, Kensington, Marylebone, Notting Hill, Paddington, St. George's-in-the-East, St. Pancras, Shoreditch, Whitechapel, Wandsworth, Bethnal Green, Hampstead, Leicester, and Chelmsford and Essex; and thirteen nursing and kindred institutions.

The chair was taken by Sir Andrew Clark, Bart., M.D., F.R.S., who was supported by Lord Sandhurst, Mr. George King, of the Atlas Assurance Company; Col. Montefiore, Dr. G. W. Potter. Lady Clark and the Hon. Edith Boscawen were also present.

Sir ANDREW CLARK, who was warmly received, said: It is within my knowledge that this subject has engaged a considerable portion of Mr. Burdett's time for many years. I dare say the paper may be found to be a little difficult to follow, but I beg that, in return for the care and time he has devoted to it, you will give your close attention to its reading.

At the conclusion of the paper (*vide* THE HOSPITAL, p. 40) Mr. Burdett said:—I now come to the most difficult part of the subject which has caused delay in the scheme. The difficulty lies, as all these matters do lie, in the question of cost of participation.

I have felt that it would be ridiculous to propose a scheme which should be altogether outside the means of those who desire to participate, and yet my friend Mr. King will tell you that there are no such stubborn things as figures, except possibly facts. We have to secure a sound financial basis, and there are absolute figures from which we dare not depart. It is a question of hard fact. How much will so many pounds sterling produce at a given age? Well, I thought I might probably get some help if I consulted you and those who are not here, but who belong to your body. I therefore communicated with all the nursing institutions throughout the country, and I have here a statement which gives the pensions expected and the premiums offered. How much assistance I got out of these suggestions you will understand when I take a sample or two. Here is a nurse who does not give her age, but who wants a pension of £40, and is prepared to pay £1 a year for a certain time. I admire the enterprise of the lady in question, but it is out of my power to gratify her wish. Then we go on and find that some people's ideas are very different from others. For instance, our friend who wants £40 a year, and offers a pound, is eclipsed by a lady from a London hospital who desires £100 per annum, and is willing

to contribute ten shillings a year to get it. Now, difference of view is brought out in another way. In the cottage hospitals they are supposed to have fine air and plenty of time for mature reflection, but these conditions do not always produce identical results, because here are two ladies who both desire pensions of £40, but one lady considers she will give one guinea, and the other, under the same surroundings, with the same wages, thinks, on the whole, she could give three guineas. These results will show you how absolutely impracticable, how widely different are the views which people hold with reference to what is possible and what is necessary.

I have been very much struck, in considering the question of cost with the circumstances of the nurses
 The Circumstances of the Nurses. (I am going all through this paper to dwell chiefly upon the nurses, although the Fund is intended for hospital officials generally). Well, these women, as you know, usually reside in palatial buildings, and I take it that their friends, in consequence, think that their incomes are palatial also. They make all sorts of claims upon them for relief and support. I do sympathise most deeply with the affection and love and regard which many nurses have for their friends, but after all there is a limit, and that limit should not be passed by any individual even when dealing with his own flesh and blood. I do say, and say most earnestly, that I hope this Fund, if it is ever established, will be a protection to nurses and other workers in institutions, because it will place a greater limit upon the available funds which they have and can give away to others. It will, I trust, make them just to themselves. I take it that the object of the Fund is not immediately and at once to make every nurse happy by leading her to think —“I am giving a pound to the Fund, and therefore whatever happens I am provided for for life.” The main object is rather to make a substantial and safe commencement to a great movement which will one day result in giving adequate provision in the case of permanent sickness and in old age. Its ultimate result will be to give all an adequate pension. It will furnish all with a sense of their responsibilities, by inducing them to make provision

for sickness and old age by paying a sum which shall entitle them to £10 or £15 a year. I believe this Fund will direct the attention of committees and managers of institutions, and the outside public, to the non-provision now existing for workers among the sick. If so, I make bold to say that the managers of the Fund will soon have placed at their disposal sufficient funds to enable them to supplement what individuals can give. You must not think that the statement which I have made this evening is a disappointing statement. It is really a very hopeful one. Nothing that is worth having is ever got without work and lapse of time, the twin sisters of progressive growth. Now, I want to secure a steady progressive growth for this Fund, so that everyone joining will feel that she has absolute security for her money, and that she will get what she pays for when she wants it.

There are two other things which should be brought out.

Two Points of Importance. First, the advantage of a small number at the outset. I do not suppose we shall get the whole 7,500 or 10,000 nurses and officials to join at once. As a matter of fact and of business, it is not altogether desirable that they should all so join, because we may be able to give better results when we have had experience and seen the class of people we have to deal with, so far as their collective health is concerned. The tables upon which we have calculated are not based upon nurses resident in public institutions, but upon societies such as the Odd Fellows, and therefore your circumstances may be slightly different. The fact that you are well fed, clothed, and housed may result in the sickness among you proving much less than among the class upon whom these tables are based. As far as human prescience can guide us, there is nothing wrong. The financial basis is sound, and what you give you will get back when you want it. It is proposed to make provisions of four kinds for members. First, sickness, (a) temporary, (b) permanent. Second, pensions, (a) with the return of all the money paid into the Fund, (b) without such refund. I have been induced to select that arrangement, because two days ago I received a letter from Miss Vincent, who is now in Switzer-

land, and who shows a very practical acquaintance with the question. (Letter read.)

Now I come to the question of the rates of payment for the various ages under provision, and I Rates of Pay-
ment for Various Ages have stuck at this point because I never was able to find anything like a consensus of opinion as to what nurses could pay. I took it, looking at the fact that nurses have everything provided for them except underclothing, that taking a nurse who received £25 a year, if she took £5 for amusements, £5 for pocket-money, and £10 for underclothing, she would have £5 left, which might go into the savings-bank. But £5, I have been told, is an impossible sum, that she has not got it to give, that she cannot spare it, and that if I prepared tables which necessitate the payment of £5 a year I should not get any number of nurses to join, because they cannot afford to pay that sum. Well, you must remember that after all it is not for our benefit but for your benefit that we propose to establish this Fund, and therefore, if you really want a Fund, and want it to help you, you must exercise some self-denial while you have health and strength to do it, that is, you must join early in life. You must remember, in considering this question of what you can pay, that the more you can pay the better it will be for you as you get older or permanently ill, or when you really want the charity.

Years ago it was my duty, as the representative of one of the great journals, to go into the tenement houses What can a Nurse Pay? of a great city to ascertain the circumstances of the people, and see whether they were those of deep and dire distress. I and a gentleman who worked with me did not know how to form a basis as to what a man should pay for house room, which was a very important matter. Casting about, one of us read over the great Napoleon's Code, and he has laid it down that no one ought to devote more than one-eighth of his income for rent. What is that to do with this Fund, you may ask? Well, this much. The members who join this Fund, being engaged in public institutions and unmarried, will have no house rent to pay, and I thought, therefore, that they might possibly devote this eighth of their income to the Pension Fund, on this basis. I propose to

treat you on this principle, and to see what an eighth of the ordinary income of a nurse and hospital official will produce by way of pension and sick-relief. For illustration I will take the two ages of twenty-five and thirty (although I could take any others) and give you an idea of what can be done. The figures are, as I have told you, round figures.

First, a nurse who is about twenty-five years of age and receives £25 a year, on joining would pay to the Pension Fund £3 5s. per annum, or five shillings and sixpence a month, that is, about one shilling and threepence per week. Very well, now I want to know what that will produce. If she determines that she will go for a pension at sixty years of age, it will produce £15 per annum, with the return of all her money at any time, or £18 without. If you get on, you will increase your pension, because if once you join you will get the full privileges, and you will be able to convert that £15 ultimately into something like £25 a year, or possibly into £30 a year. With bonus additions £30 would probably become in such a case £50 per annum as a retiring allowance for such a nurse at sixty years of age. That, then, is what you can do on the Napoleonic basis. Now to take the case of a sister, and assume that, having been a nurse, she is promoted at thirty. She receives £35 a year. Now an eighth equals £4 6s. 6d. That amount would provide a pension of £15 a year, or one of £21 a year without profits. A lady superintendent, thirty years of age, receives £80 a year. Of course, she may be much older than thirty, but I have taken thirty to keep the figures on one basis. An eighth of her income is £10, and that £10 a year would give her £38 a year if she receives profits, or £48 if she does not. I will now take a secretary. He receives at thirty years of age a salary of £250 a year. On the Napoleonic basis he would give £31 5s. to this Fund, which would entitle him to £114 per annum with, or £144 without, profits. Now let us compare these rates with those which Guy's Hospital has been working since 1851. If you take Guy's Fund, a nurse commencing at £25 cannot participate till she is sixty-five. The Governors of Guy's Hospital are willing, and indeed

consider it their duty and privilege, to contribute half of the annual payments which are necessary for a member to pay to enable them to get a pension of £20 or £30 per annum at sixty-five years of age. I commend that to the attentive and reflective consideration of every house and institution in this country. What committees can do apart from mere gifts of money is to adopt a uniform practice in the treatment of nurses, and live up to that. I find that there are many institutions which do not provide their nurses with washing, which is equal to about £4 a year. If every institution will provide you with washing you can pay your washing-money into the Fund, and you will be happy for ever more with a minimum pension of £50 per annum certain at sixty years of age. I know no organisation more calculated to produce a feeling of brotherhood and sisterhood than the association of workers within hospital walls, rightly understood. Those committees who look after their staff, and really devote themselves to the staff, will have their reward, and that reward will be meted out to them with no stinted hand.

I should have liked to give you a number of instances of the application of bonuses. If Jane Smith **Bonus Additions.** is nursing Mr. Thomas, a barrister, through a dangerous illness, and Mr. Thomas, grateful for her care, instead of racking his brains to think what he can do in the way of presents, if he could know that a contribution of £25 could be paid to this Fund to the credit of Jane Smith, to provide for her when she was permanently invalided, that would be a grand result of a pension fund; it would give it an enormous impetus, and do enormous good by directing a huge volume of public sympathy towards nurses in general, and towards the individual nurse who has attended us through our illness. The question arises: Why is it necessary and desirable to establish a special fund instead of using the Post-office system? Why not go to the Post-office? The answer is: Because your circumstances are such that you cannot afford to pay premiums to provide an adequate pension unless the people conducting the Fund understand the difficulties under which you work, and will make public the fact, and will take the special bonuses, and make this

fact known—that is one reason why; but I could give you several others.

One word with regard to a donation from the Queen's Fund. Why do we wish the Queen to give us Queen Victoria's a donation? It is that we can begin Bounty. the Fund upon the widest basis by no

other means, unless some one will send a cheque for £20,000. It is that the law will prevent us from beginning unless we have this sum. I do make bold to say that there is every reason to express the most earnest hope that, before the whole of that £75,000 is distributed, the most careful, thoughtful, and earnest attention will be given to this question of the Pension Fund. I cannot believe it possible that, when the prayer is properly presented in the right quarter, it will fail in its effect. When I tell you the law is as follows, it seems the best of all reasons why the Queen should give £20,000 to this Fund, and we should joyfully receive it. By the Friendly Societies Act, no friendly society may grant annuities to a greater amount than £50 per annum, and £20,000 must be invested in the names of trustees. It is there absolutely safe, and not going to be frittered away, and only the interest on that £20,000 could be devoted to pensions. Therefore we do not ask the Queen to give £20,000 to anyone, but to transfer £20,000 into Consols, in order to make it possible to found a Pension Fund. Now, if that point goes forward, as I hope it will go forward, I do not think we need fear that it will receive the most careful attention, and I hope a favourable response.

I have lived many years of my life in hospitals, and have seen very much of their work in the past.

A Prospect
Assured.

When I remember and know, as I do know, how trying the hospital life is, how it sometimes excites us to stir all our energies to their very depths to do our utmost for poor sufferers, and how sometimes we ourselves suffer by the diseases which we contract from those we live among and minister to—when I think of all these things (although I am now removed to another sphere of work), I do feel, looking at this large and representative gathering, that the same earnestness of purpose which ani-

mates me will animate you to-night. I only hope that this work, which has been a labour of love to me, will, by God's blessing and your help and self-denial, end in great results—nay, in magnificent results, because it will make it impossible for any of us ever again to see those who have ministered to the sick having no home or refuge but the workhouse to which they can go when illness or old age comes upon them.

DISCUSSION ON THE PENSION FUND PAPER.

THE CHAIRMAN: This is one of the most interesting as well as one of the most important papers read before The Hospitals Association. The time, the labour, the thought, the ability which Mr. Burdett has devoted to the subject will, I am certain, obtain for him your most cordial thanks. The paper has necessarily occupied a long time, and I will not shorten the period remaining by saying much myself, but I will recall to your minds the principles and the broad statements which have been made in the paper, because their remembrance may be a guide to you. Before I mention those broad points in the paper, allow me to state one thing to supplement what Mr. Burdett has said why you should have a Fund of your own, and not go to the Post-office or any other existing institution. The first reason is this: that many people before they are long upon the Fund will die, and there will be a surplusage which will go to the benefit of others. In the next place, when this Fund is started, it will receive benevolent contributions, not only from hospitals and committees of management, but from individuals who may have benefited from the services of nurses; and the third and last reason is, that nine-tenths of any expenses incurred in the administration of the Fund would be defrayed by voluntary services. The points which Mr.

Burdett has shown are these : First, that there is an enormous body of nurses, to the number of about 15,000, from which members may be drawn. Secondly, that the nature of their work is such that they are peculiarly liable to accidents and diseases, to premature inability to work, and to premature old age, to a degree not experienced by other workers. In the third place he has shown that no adequate provision has as yet been made to give pensions to these workers, or to supply them with help in time of sickness. He has shown that, from these considerations and others, it is the duty, not only of nurses themselves, but of society and of hospitals also, that a National Pension Fund should be established. In the next place he has shown that the first condition in the establishment of such a Fund is that it should be financially sound and self-supporting. Independently of whatever may be given to it from outside, it should be financially capable of standing by itself. This is a golden condition. Then he has suggested that, as Her Majesty the Queen, with that gracious consideration for her people which has distinguished her reign, is about to apply for the benefit of nurses and nursing institutions £75,000, which her country has offered her as a memorial of her Jubilee, application should be made for a portion of that fund sufficient to proceed at once to action. For my own part, I doubt if this question can be profitably discussed to-night, but I presume that this meeting will not end here, but that some sort of a committee will be formed, and meet over a table and discuss these things in a familiar and informal way. I shall now ask some one who is interested in this question to open the discussion.

Mr. P. MICHELLI, Secretary, Seamen's Hospital, Greenwich : This is certainly a most interesting paper. It is worthy of Mr. Burdett, who, we know, has such matters at his fingers' ends more than any one else in London. I would like to point out one or two things. Mr. Burdett brought out very plainly that a payment of 12s. 6d. per annum towards a sick-fund, which has no profits, will realise to that person a very considerable amount when sick and disabled. I agree with what Miss Vincent says in the letter which Mr. Burdett has just read, that more may be

done in this way. With regard to pensions, a sum of £12 or £15 a year seems to me very little. I would prefer to see her paying her £3 5s. in the spirit of the India Fund, which pays such large pensions. That is the system on which, I think, we ought to go. Our Chairman has said that he hopes this matter will be adjourned to a committee. I rather hope not. To committee, we all know, it must go eventually, but now I think we want to hear more opinions. There are many who have not been able to come here to-night who are in full sympathy with this Fund. If a meeting is again convened we shall doubtless have a large gathering.

Mr. GEO. KING, Actuary to the Atlas Office, Cheapside : I am very much obliged to Mr. Burdett for having asked me to come to this meeting. It has interested me both as an actuary and as a member of a community to whom hospitals and nurses are so valuable. Mr. Burdett's paper has been exhaustive, and has dealt with the question in a most lucid manner. With your permission, I would like just to make one or two remarks. In the first place, I would remind you that the pensions which Mr. Burdett has mentioned are minimum, not maximum pensions. Mr. Burdett said it was necessary to place the Fund on a satisfactory basis, and you can only do that by fixing minimum rates. The Chairman has mentioned the surplusage accruing to the Fund from the contributions of those who die or retire, but until it is known how many will retire it would not be safe to deal with it. The Fund will have to be valued for three or five years, and at the end of this period any surplus fund will be available for distribution. Then it will go to those who remain with the Fund, increasing the benefits or reducing the contributions of those who are its steadfast friends. Further, I may say that the calculations have been made entirely on the supposition that the Fund is self-supporting, but unquestionably large sums will be available from donations. These will all be equitably applied to increase the benefits or diminish the contributions of members, and will doubtless form a very substantial source of increased benefits to those who stand by the Fund. If Her Gracious Majesty should give the sum which it is proposed to ask for

to establish the Fund, the interest upon it would be valuable amounting to, say, from £600 to £1,000 per annum, and that would be at once available to increase the benefits or reduce the contributions of subscribers. In connection with the matter of donations, let it be remembered that they are not charity, but merely pay in another form. The Fund does not look for charity at all. In concluding, I would urge you, Don't ask for what is impossible. There is a limit, and by calculation we find what can be done. Let us, therefore, determine to carry out what is possible. If all those who are interested in this matter will only make up their minds to carry out what can be done, a most prosperous and successful Fund will be established.

Miss INGALL, matron of the London Fever Hospital, said she had been thinking of trying to arrange a fund at her institution in which each member should pay a percentage of her salary for a pension. She thought that those who had large salaries might help those who had small ones. With reference to individuals who, in return for a nurse's attention, might give her a donation, that sum, she thought, ought to go to a general fund, and not to the nurse personally.

LORD SANDHURST, Vice-President of the Middlesex Hospital: I feel, Sir Andrew, that in addressing this audience my remarks are entirely confined to ladies, and to ladies who know very much more of the subject we are discussing than I can pretend to know. I came here more as a listener than to take an active part in these proceedings. I have for some time, however, taken a great interest in work of this description. I take also an interest in one of the largest London hospitals, and am a member of The Hospitals Association. I think it is somewhat to be regretted that we have not been able to get more suggestions of a practical kind than the ones to which we have just listened. In such an audience as this there are those who must know of the sufferings of their old colleagues, and we might have looked for some advice from them; but I am hopeful that we shall receive advice, for I confess that the figures and the question generally, although admirably

explained by Mr. Burdett, are of a complex nature. Indeed, it took all my best attention to understand some of them. Allusion has been made to the fund at the disposal of the Queen—the Women's Jubilee Offering. It seems to me that there is no more fitting way in which the Queen could have acknowledged that gift than by returning it, as she is doing, and giving it to a charitable object such as has been described. It has been said, I think by Mr. Burdett, that a committee has been appointed to consider the best way in which that sum may be dealt with in support of nurses for pensions and for other means. That I think is a far more graceful way of acknowledging the gift of the women of England than if Her Majesty had built some great hall which, although pleasurable for those who could reach such a place easily, could not confer such general benefit as the application of the Fund for the good of nurses. There is another way to look at the benefits which nursing has done for us. What was in former days to be done for a pound is now to be done for a shilling. There are many cases in which the patient has been brought to health by careful nursing. That is one of the principal needs in typhoid fever, a disease of which I have some experience. I am perfectly certain that health has been restored in some cases by the unceasing labour on the part of the nurses employed. I say this in no way because I am addressing an assemblage of nurses, or of ladies principally interested in nursing, but what I say I know to be actual fact, and I am excessively glad to have been here to-night to listen to the admirable lecture given us by Mr. Burdett, a gentleman who has given many years and great thought to a most difficult subject, and I have been asked to propose a resolution which I think meets the case. It is—"That the principles of the scheme of Mr. Burdett be generally approved by this meeting, and that a copy of the paper now read be forwarded to Sir Henry Ponsonby for the consideration of Her Majesty's Committee that has been appointed for the distribution of the Fund at Her Majesty's disposal."

Mr. THOMAS RYAN, Secretary, St. Mary's Hospital, in seconding the resolution, said: When this question of a Pension Fund first came under my notice, I was inclined

to ask myself wherein lay the need for the Fund at all? A little consideration, however, brought me face to face with two reasons why it is necessary to establish a National Pension Fund. The first was this: that the provision that is made by the hospitals for pensioning some of their officials leaves out of consideration one very marked feature. I refer to the migration of nurses from one hospital to another. The point that hospitals do not provide for those who move from place to place is, I take it, an important one. Migration of nurses is a feature of hospital life which is growing very rapidly. I have recently had occasion to look into the question of pensions. Dr. Steele said this moving of nurses from place to place was quite a recent feature. Time was when they used to pass their whole career in one institution. Now, if a nurse passed her whole life in one institution she would be granted a pension, but five or six years' service will not give her a claim to a pension and that is the very feature which this Pension Fund will meet. The Trained Nurses' Annuity Fund does not meet the necessities of the case. I will now turn to the financial aspect of the question. Mr. Burdett has explained that nurses leaving nursing should be able to draw out either all or some portion of the money they have paid in. In that case the only funds left for pensioning those who remain are their own contributions. I am convinced of the absolute necessity which exists for an Endowment Fund, and I think the public might be called upon to contribute to this. The capital fund of The Home Hospitals Association, which was I believe, originated by Mr. Burdett himself, was provided at the cost of the general public. That the Queen may be very graciously pleased to grant a very considerable portion of the Women's Jubilee Offering to this Fund, I do sincerely hope, and I think that the hospitals also should contribute as a bounden duty.

The resolution having been put from the chair, was unanimously carried.

Mr. BURDETT: I should like, instead of leaving it to another evening, that this meeting, which is so large and so representative, should not break up without coming to some practical conclusion itself, and that it should, as a meeting,

elect some representative body to represent it and put the necessary machinery in motion in order to carry the scheme to a successful issue. I beg therefore to move :

"That this meeting, representing 138 institutions from which 1,172 officials and nurses have registered their names in support of the scheme for founding a National Pension Fund for Hospital Officials and Trained Nurses, beg to refer the scheme to the Council of The Hospitals Association, and desire them to take such steps as may be necessary to establish this Fund with as little delay as possible."

I was very sorry to hear the remarks of Mr. Ryan with reference to an appeal to the public for help. I have known Mr. Ryan a good many years. He is a relatively young man and therefore relatively enthusiastic. It is not a question of charity, but a question of providence ; and if you have not got the providence and the self-help, I hope there will be no fund at all. We don't want, as we did in the case of the Home Hospitals, to get capital to build up something. If you, a great army of 20,000 working-beings, have not got self-reliance, energy, and independence enough to build up this Fund on a financially sound basis, believing that Providence will help you, all I can say is that the time is not ripe for it. It is for you to begin on what I tell you is a sound financial basis, entirely dependent upon your own contributions and your own efforts. I have told you that any nurse who contributes 14s. 6d. a year to this Fund will be entitled to 10s. per week sick-relief during her illness until she attains 60 years of age. I certainly do think that if every hospital nurse in this country knew this she would be grateful for it ; if she is not, then I don't know the feeling of hospital nurses. So far as the second portion of the scheme goes, you pay your £2 10s. a year, and you will have a minimum pension at 60 and during life of from £12 to £15 per annum—that, I say, is done for you by the power of compound interest.

Mr. C. W. PEARCE, Associate of the Institute of Actuaries, Glasgow, seconded the resolution, which was also unanimously carried.

Dr. G. W. POTTER, in proposing that the best thanks of the meeting be given to Sir Andrew Clark, observed that it

should be borne in mind that the minimum pension of £12 or £15 per annum left out of the question the interest which would be derived from the Queen's Bounty, or any contributions that friends might give. Those who paid their £2 10s., if they worked on till fifty-five or sixty, might rely upon a pension of 10s. a week. If a payment of £2 10s. a year brought them an independency at the age of sixty, he thought they ought to consider themselves very well off.

Col. MONTEFIORE seconded the vote of thanks to the Chairman, and the meeting terminated.

AT THE SOCIETY OF ARTS ON WEDNESDAY.

BY ONE WHO WAS THERE.

(Reprinted from THE HOSPITAL of October 22, 1887.)

IF any person required proof of the intelligence and foresight of present-day hospital officials and sick-nurses as a class, the Pension Fund meeting, held on October 12th, was an occasion to bring ample conviction to the mind. Without special effort on anybody's part, but simply by the steady work of The Hospitals Association, and the freely opened columns of THE HOSPITAL, a widespread interest has been created, which brought together in the large lecture-hall of the Society of Arts upwards of five hundred persons of all ranks in the social, medical, and philanthropic worlds. Alike to those who looked at the spectacle from the outside standpoint of an active philanthropy, and to those who were, if possible, still more deeply interested in the subject as vital to themselves, the occasion was one for mutual congratulation and profound thankfulness. The President, Sir Andrew Clark, Bart., whose constant and diligent interest in the Association and all its plans and operations is one of the surest guarantees of its stability and public value, entered into the spirit of the pension movement with all the ardour of a sincere philanthropist, and all the wisdom of a practical man of business. Mr. Burdett, whose enthusiasm it is impossible to subdue, witnessed what to him was a splendid promise of the successful completion of years of laborious thought, deep anxiety, and unwearying effort in a great and benevolent cause.

The meeting was perhaps the largest and most broadly representative of any philanthropic gathering in London in recent years. The vast audience was an index to the state of feeling among hospital officials, especially of the matron and

nursing class. The comparatively brief period during which trained nursing has been in extensive operation has been quite sufficient to convince those who have had personal experience that it is an arduous calling, attended with many risks, and can only be carried out for a lifetime by the exercise of self-denial and wise attention to health. In many instances a periodical breakdown must be anticipated and provided against ; and a term of service, shorter by several years than the common duration of working life, must in every case be reckoned upon. Even the least thoughtful among nurses are beginning to find this out, whilst the more intelligent, who undoubtedly constitute by far the larger proportion, are deeply sensible of its truth. No doubt the habit of looking very far ahead is regarded by some as a kind of distrust of Providence, and as making life more anxious than it need necessarily be : and equally no doubt many nurses will marry, or revert for various reasons to non-professional life. But when all deductions are made, there must still remain a large number to whom nursing will be a life-long occupation, and who, if they do not provide for old age out of their professional earnings, cannot provide for it at all. To such as these it presents a life of arduous and self-denying toil, with poverty, charity, or a still more melancholy lot at the end of it. Such an ending to a life spent in the service of others cannot be contemplated without indignation ; and it is clearly the interest of nurses, as it is the duty of those to whom they may minister in sickness, to take advantage of any opportunity which offers of making a threefold provision against sickness, disablement, and advancing years.

Mr. Burdett, who spoke for an hour and ten minutes to an audience whose interest never wavered for a moment, unfolded a scheme which included all these essential features. For the payment of fourteen shillings and sixpence per annum a sick insurance can be obtained which will give the subscriber ten shillings per week during temporary or permanent disablement up to sixty years of age ; whilst for the further sum of two pounds ten, and sixpence a week, a retiring pension of from thirteen to fifteen pounds a year can be secured, without taking into consideration added bonuses. But there is more than a probability that such sums will be avail-

able in bonuses as will increase the allowance to each pensioner to a minimum of twenty-five pounds per annum. In other words, for the small payment of one shilling and two-pence a week, a sick, a permanent disablement, and a pension fund can be created, which will secure to those who join it as already stated, one pound a week for six months during temporary sickness, ten shillings a week up to the age of sixty in case of permanent inability to work, and, with added bonuses, ten shillings a week as a retiring pension for the remainder of life.

The scheme as it is here stated is a model of simplicity but the labour and thought involved before such a result has been arrived at can only be appreciated by those who have knowledge of actuarial work. Two eminent actuaries, the late Mr. Cornelius Walford and Mr. George King, of the Atlas Insurance Company, have each given a vast amount of time and calculation to its construction and the elaboration of its details, and they have had the advantage of the experience of Mr. Burdett, which in all hospital questions may be said to be unique.

Without added bonuses the scheme is one which will confer inestimable benefits upon the nursing profession: with such bonuses it will raise nursing to the level of the public services. So that, if it be carried out, it may be said of anyone who enters the profession through the regular channels, and subscribes to the Fund, that she is provided for during the whole of life so long as she preserves an honourable character.

A word remains to be said about bonuses. A capital sum of twenty thousand pounds, invested in sound securities, will legally qualify the Fund to give pensions to any required amount. Without such a capital sum it must be registered under the Friendly Societies Act; and no pension for either nurse, matron, or hospital secretary can in that case exceed fifty pounds a year. The twenty thousand pounds is therefore essential to the proper working of the scheme. Her Majesty the Queen, it is said, proposes to place seventy-five thousand pounds, the amount of the Women's Jubilee Offering, at the disposal of selected persons or institutions for the benefit of the nursing pro-

fession. It is an idea eminently worthy of the Queen, and will gladden the hearts of many toiling and patient women for generations to come. It is hoped that Her Majesty will consider the advantages the Pension Fund would confer upon nurses and all hospital officials, and graciously direct that twenty of the seventy-five thousand she purposes to give shall be appropriated in this way. Thus, not only would the Fund be enabled to give adequate annuities to the better paid class of subscribers, but would also have the means of largely increasing the pensions of those who, unaided, can by no means subscribe enough annually to secure for themselves a retiring income sufficient for their modest wants.

The meeting was sustained with unabated interest to a late hour, and finally, on the motion of Lord Sandhurst, seconded by Mr. Pietro Michelli, a resolution was passed empowering the Executive of The Hospitals Association to definitely formulate the scheme outlined by Mr. Burdett, and to transmit it to Sir Henry Ponsonby for Her Majesty's gracious consideration. A vote of thanks to Sir Andrew Clark for presiding, and to Mr. Burdett for his able and comprehensive exposition, brought to a close one of the most interesting and important meetings ever held in connection with the hospital movement.



ARCHITECTS, HOSPITALS, AND ASYLUMS.

*A Speech Delivered at the Opening of the Hastings,
St. Leonards, and East Sussex Hospital,
at Hastings.*

BY
HENRY C. BURDETT, Esq.

LONDON ;
WHITING & CO., 30 AND 32, SARDINIA STREET,
LINCOLN'S INN FIELDS, W.C.

1887.

PRICE TWOPENCE.

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ARCHITECTS, HOSPITALS, AND ASYLUMS.

MR. HENRY C. BURDETT, Chairman of the Executive Committee of the Hospitals Association, Founder of the Home Hospitals Association, and author of several books on hospitals and asylums, in proposing the toast of "The Architects" at the luncheon following the opening ceremony of the latest circular (the Hastings, St. Leonards, and East Sussex) hospital at Hastings, said :—

MR. MAYOR, LADIES AND GENTLEMEN,—I desire to say a word or two to-day on the subject of architects. I take it that we, who are not architects, but who have to occupy buildings, do not always realise how those buildings are constructed, or what due regard to the proper principles of construction means to each one of us, who have very often to live in them for the greater part of our lives. You know, of course, there are architects and architects. If I were asked, "What is an architect?" I should refer you first of all to the fact that if you went back to the days of the Greeks you would find with them, a great architect used to say "I was inspired to build"; but the Latin architect said boldly, "I built it." Now, I take it as there was this marked difference between the Latin and Greek, so there is a difference between architects and architects to-day. There are a class of architects who look upon architecture and their work mainly as a matter of business; there are architects who look upon their work not only as a matter of business, but as a serious responsibility and pleasure. The architect who belongs to the former class, if called in to design and erect a building, would feel it a matter of business to accept the commission, and to proceed at once with every confidence to put up a building on any site presented to him for that purpose. The other architect—and I am proud to think and to know that there are a great number of those gentlemen in the architectural profession in this country to-day—would first of all consider what experience he himself had had in that particular line of work, and if the true principles of construction and the right application of those principles were material factors, and likely to remain so, to those who had to occupy the

building which he was asked to undertake, then I make bold to say he would pause, and if he was not acquainted with, or if he had not made a special study of that class of building, he would suggest that another member of the profession should be entrusted with it.

Dr. Bristowe has told you that he, years ago, was called in with Mr. Holmes to make an inspection of all hospitals in Great Britain and Ireland. That report, which appears in the sixth report of the Local Government Board, is a classic in connection with hospital literature, and it is not merely a coincidence, but it is a fact which I am glad to call to mind, that I have been impelled or called upon, as it were, as a younger man to follow up that work, and to extend that work to the medical institutions, not only of this country, but throughout the world. It was in connection with this undertaking that I first of all became acquainted with your architects who have erected this hospital. I had to look round to find some one in the profession who would be able from the study he had given to the subject to render me material assistance in taking plans of existing buildings, and in dealing with plans which came to England from foreign countries, to be reduced to order for the purpose of this book. I was fortunate enough to meet with Mr. Henry Hall, and subsequently with Mr. Keith D. Young, who have given much time and attention to this branch of architecture. They have indeed had an exceptional opportunity of studying closely the plans of hospitals in all parts of the world.

This work, "Hospitals and Asylums of the World," has occupied many years already, but will, I hope, be completed next year. It has given me a wide and intimate, and I believe an unique experience of the architectural profession, which has excited my admiration and compelled my respect. These investigations have necessarily brought me into communication with the managers and officials of the various hospitals and institutions as well as with the architects, and I am able to say that had it not been for the spontaneous kindness and ready co-operation of the architects almost everywhere, the information requisite to complete the book in question could never have been obtained. Let me give an example or two in illustration:—The Foreign and the Colonial Offices have done their best to afford me every assistance in collecting information and plans. In some countries it has been found difficult or impossible for the Government to procure the information desired, and in these cases direct communication had to be addressed to the managers of the institutions, failing whom the architects have been applied to. Now, it is a fact, and one honourable alike to a great profession and worthy of public recognition, that Governments might be powerless and managers

of institutions indifferent, but the architects, almost without exception, have been found courteous, helpful, and ready co-operators in this work, which has been undertaken in what is believed to be the interest of hospital construction and administration, using the word hospital in its widest and most extended sense. I feel myself, therefore, to be under a lasting debt to the architectural profession, and I desire it to be known as widely as possible that the hundreds, nay, thousands of plans which have been collected will always be ready for the inspection of any member of that profession who may take an interest in this class of buildings, their planning, arrangement, and completeness. I desire to take the present opportunity of thanking this great army—for it is a great army—of unknown but greatly appreciated co-operators in a work of no little importance and interest. My own indebtedness to them I shall never be able to discharge, but I could wish that I might make my voice heard, and my own gratitude known to every architect in the world who has devoted time and money to the preparation of plans to assist me in the work to which I have here alluded. I do not wish to be misunderstood in any way, but it has been my privilege or misfortune to be called in as assessor or arbitrator in cases of competition drawings, where a new hospital had to be erected. These competitions, and the methods by which a selection is often made from a number of plans, seem to me to need revision, in justice to the architects themselves, and in order to secure the interest of all concerned. I have said that there are architects who would exercise self-denial sufficient to refuse to prepare plans for a new hospital or a new asylum if they felt that they had had no special experience in the work, and that there were other members of the profession who had devoted themselves to this branch with success. Now specialism has its drawbacks and abuses, but I do feel, and I hope that you agree with me, that the housing of the sick, and indeed the housing of any number of human beings in a public institution, is a matter of very great importance and responsibility, and that the self-denial I have referred to is not only wise but judicious, and to be commended and encouraged to the utmost.

Under existing conditions this principle of self-denial, that is, the wise utilisation of special knowledge on the part of the members of the architectural profession and of others, is not sufficiently borne in mind when an assessor or arbitrator is to be appointed to make a selection from a number of drawings and plans sent in for competition. I venture to think and hope that the action recently taken by the Royal Institute of British Architects, and by the architectural profession in America, will lead to a reconsideration of this

question, and to an arrangement whereby such competitions will be decided in the near future, not by one but by two assessors, one of whom represents the architects and the other a trained and experienced expert possessed of thorough knowledge of the management and requirements of the hospital or asylum to be erected, and of the hygienic conditions which ought to be observed in the construction of such a building. This principle has already been successfully adopted by individual architects when preparing drawings for competition and for clients, and I have been pleased to find an important improvement in the class and character of the plans submitted in recent years. A capable architect, Mr. Jacob, for instance, has, I believe, always associated with himself one of the ablest and most experienced asylum superintendents when he has had this class of work in hand. Why should not this principle be generally adopted, both by individual architects and by those public bodies and others who put up new buildings to competition? It would obviate much heart-burning and dissatisfaction, and would prevent the erection of not a few incomplete and unsatisfactory buildings, because under such conditions the plan selected would almost certainly be not only the best architecturally, but also the best structurally and hygienically, and from the point of view of the practical administrator.

There is one other point about architects which is worthy of consideration. You have no doubt observed to-day the excellence of the building as such; that is to say, the materials and the workmanship must commend themselves more and more to the visitor in proportion to the technical knowledge he has of what constitutes good work. Of course there are builders and builders, as there are architects and architects; but I take it that the builder of this hospital, who is present to-day, will agree with me that the architect can, and this materially, influence the character and quality of the work put into the buildings which he may design. If his specifications are carefully prepared and exhaustive—and these can neither be carefully prepared nor exhaustive unless the architect has a sound practical knowledge of the details which collectively make up and secure efficiency in the administration of large public buildings—then extras will not be necessary, because the whole work as such has been thought out from first to last, and in these circumstances forgetfulness and oversight are words not to be found in the vocabulary of the architect. Therefore I say, and I say it with a feeling of considerable responsibility, that this question of extras—that is, the allowances over and above the contracts which are placed before those who have to pay for the building—may be taken as an index to the capacity and the care of the architect in a way that very little else can.

I do not of course mean the extras which are the result of the constant changes introduced at the instigation of the employer as the building progresses, because I take it that if the public who employ architects presume to judge them, such judges will feel themselves bound in honour to exercise equal care and forethought to that which, when exhibited by the architect, reduces extras to a minimum. Indeed, in the case—and it is a memorable case—of the first circular hospital erected in England, namely, the Miller Memorial Hospital at Greenwich, so thoroughly did the architects do their work that there were not only no extras, but there was positively something to spare when the accounts were finally adjusted. The *British Medical Journal* wisely remarked at the time that such a fact as this ought to be written up in letters of gold in the hospital board-room, so that all who came to see the building might take the fact to heart, and say whether they and their architects could not go and do likewise.

Now this brings me to the immediate subject of the toast which I have to propose, namely, that of Messrs. Young and Hall, who built the Miller Memorial Hospital, and who have this day handed over to you another hospital, which I make bold to say is by far the completest and most perfect building on the circular principle which has yet been erected in this country or abroad. I believe it was stated to-day that Burnley Hospital was the first complete hospital ever built in England on the circular principle. If that was said, it is an error. Before the Burnley Hospital plans were accepted Greenwich Hospital had been built, and I myself was consulted before the final selection was made at Burnley, with the view of ascertaining whether or not the circular principle was a sound principle, and one which the medical staff would be able to recommend with confidence. As a matter of fact, the assessor had selected a plan on the rectangular principle, but a member of the medical staff, the senior surgeon, Mr. Brown, hearing about Greenwich, and being familiar with the writings of Professor Marshall and Mr. Gordon Smith, determined he would have this question reconsidered. In the result the committee came to Greenwich, inspected the circular wards there, and Burnley Hospital was erected, not from the rectangular plans, but from new plans on the circular principle. I mention this fact because history is often apt to get mixed, and as you open to-day what I regard as the most perfect type of circular hospital in this country, I wish you to clearly understand where the work commenced, and where you stand in connection with that work. I say that yours is the most perfect and the most complete specimen of the circular form of hospital erection, for the reason that you have avoided the dangers and the errors of the

circular principle, and you have been content to have your wards of proper dimensions, and to devote the central portions of those wards to the flues for ventilation and the fire-places. Now I venture to say, that if any of you are in the North, and will take the trouble to go to Burnley, you will recognise at once, whether you are acquainted with the principles of hospital construction or not, that I am speaking quite to book, and am accurately defining the position which your hospital ought to occupy as a building constructed on the circular principle.

The Governors, the Committee, and the Medical Staff are to be congratulated on having selected this type of building, and administratively you will find it will prove a great economy in the expenditure of labour and of individual exertion, and so give increased comfort and satisfaction to the sufferers who have to find there a temporary shelter in the hour of illness. I say that, because I know, as one who has had charge of rectangular hospitals for many years, that a large rectangular ward where the nurse's room is at one end, and it may be the worst case—*i.e.*, the patient who is most severely ill—at the other, that the nurse, however devoted she may be, as the day goes on must find the whole length of that ward a great strain upon her physically. If she is not zealous, it must be a great temptation to her not to go quite so readily, and possibly not quite so often, to look after that specially urgent case such a long distance away. The effect of a circular ward is this, that the nurse can see all the beds except one, certainly except two, in the whole ward, from any point in it; and she has to travel the shortest possible distance to get to any one patient who may need her services at a given time. In saying this I wish to echo and confirm the views expressed by Dr. Bristowe, that we must not yet regard the circular ward as the most perfect system of hospital construction. We must but look upon it as one type of construction suited to special cases, and one which deserves a fair and prolonged trial. It is simply as one who desires to see this new principle fairly and honestly and squarely tried, that I rejoice to think, having regard especially to your site, that you have put up such excellent circular wards as you have done.

Now one word as to your architects, and I have done. I do not know whether it strikes you, but it struck me to-day, going over your building, that it is eloquent with testimony to the fact that those who designed that building are familiar with the requirements, the administrative requirements of a hospital, and that in every particular you will find due regard has been paid to economy of labour, and consequently to efficiency. That point has struck me

very much. It is, of course, if I may say so, a matter that I should criticise rather severely, coming down, as I have done at your invitation, to inspect this hospital, because I know Mr. Young and Mr. Hall ought to be able to provide you with a proper and complete hospital. I am therefore gratified to find the opportunities they have had of making themselves familiar with the newest and best hospital appliances and methods have been made the most of, and that I may honestly and sincerely congratulate this town upon having built such an excellent hospital in this year of Jubilee. I believe you will find you will have many visitors, not only Englishmen, but from foreign countries too, who will come to see the Hastings Hospital, because having seen the Antwerp Hospital, the hospital at Hampstead, the Circular Hospitals for the Army, and the hospitals at Burnley and Greenwich, I am able to say you have here to-day the most typical, and I believe the most complete building on the circular principle which has yet been erected either in this country or indeed anywhere.

From THE HOSPITAL.

Nor. 5th, 1887.

The Hospitals Association Pamphlets. No. 3.

ON
HOSPITAL CONSTRUCTION.

BY

KEITH D. YOUNG, F.R.I.B.A.

LONDON:
W. H. & L. COLLINGRIDGE, 148 & 149, ALDERSGATE STREET.

[PRICE THREEPENCE.]

ON HOSPITAL CONSTRUCTION.

By KEITH D. YOUNG, F.R.I.B.A.

ALTHOUGH my paper bears the somewhat comprehensive title of "Hospital Construction," I do not propose to-night to travel over the whole of the very wide area comprised in that subject; in the first place, because the subject is one that could not be adequately treated in one evening; and in the second place, because the fundamental principles of hospital construction have been so often described by far abler and more experienced hands than mine, that it were mere presumption on my part to occupy your time in going over the same ground again.

I propose, therefore, to confine myself to two or three points only which seem to offer scope for fruitful discussion, or which have some special interest in view of recent developments.

The first point is that of the general arrangement or planning of a hospital, with particular reference to the relation between one ward and another, and between the wards and the other or administrative parts of a hospital.

The idea of a hospital which almost universally obtained until comparatively recent times was that of a large building, into which wards, out-patient department, administrative offices, kitchen, laundry, and mortuary should be packed as conveniently and as economically as might be. In such a building the air supply to the wards, drawn necessarily to a large extent from the corridors and staircases, is laden with impurities of all sorts before it reaches the patients; and, as pointed out by Mr. Erichsen at University College Hospital, the upper wards, which should be the healthiest, become the most infected with septic disease.

This kind of hospital is thus described by a recent French writer: "Buildings in huge blocks piled on each other, and where the sole problem appears to be how to stow away the greatest number of sick in the smallest possible space; massive and porous walls, very storehouses of morbid germs; closed-in courtyards, species of wells that are reached by the air from the top only, and that no charms of perspective ever enliven; the general offices, kitchens, still-rooms, dispensary, wash-

house, ordinary and medical baths, and even the post-mortem room spread over the ground floor, together with ward offices of all kinds, and beginning, by a promiscuousness which calls to mind the old Hotel Dieu, to vitiate the air which must in succession be transmitted to the superposed floors of sick; sick wards occupying the last place in this enumeration, as in the architectural arrangement; one above another and side by side, communicating vertically by the windows, laterally, or end to end by the doors, as if the better to utilize and multiply their sickly emanations; open in general to the air, one side only encumbered with partitions at the internal angles; ceilings with projecting beams, as if to augment indefinitely the surfaces of absorption, without advantage to those of aeration, and to create everywhere stagnant places for ventilation and accumulation of dust; such are the hospitals that the middle ages have bequeathed to the Renaissance, that the name of Vauban has since covered with his illustrious approval, and that the present generation has no less a mission to destroy."

The importance of a free air space round wards was recognised as long ago as 1788, by Mons. Tenon, whose model plan for a hospital shows a complete separation between the wards and the administrative offices, and is in many other respects greatly in advance of anything that had gone before, and much that followed after. It was not until well within the present century that what is known as the pavilion system became an established fact. One of the earliest, if not the earliest, hospital of the pavilion type was the Lariboisiere, in Paris, which was finished in the year 1854. Our own St. Thomas's Hospital was opened in 1871, and since then many other hospitals of varying sizes have been built upon the same system. The chief feature in the pavilion type of hospital is that the enclosing walls of the wards are entirely free and open to the air throughout their whole length, and that by this means it is possible to obtain on each side of the ward an equal number of windows immediately facing each other. Thus cross ventilation to its utmost extent is secured for the whole length of the ward.

The points that I wish to draw particular attention to are the corridors connecting the ward pavilions with each other, and the administration, and the position of the staircases. At the Lariboisiere these corridors are one storey in height only, but are closed in on each side. At St. Thomas's they are two storeys, and also are closed in. At the new Hotel Dieu they are two storeys high, the upper storey being open at the sides, the lower closed. At the Royal Infirmary, Edinburgh, the surgical pavilions are connected by a two storey, closed-in corridor; the medical pavilions by a one storey similar

corridor. In all the hospitals just referred to the staircases, and in most cases the lifts, are so placed as to be in direct atmospheric communication with the ward, and, as a consequence, to form shafts of air connection between one ward and all the others. The closed-in corridors complete the chain of connection by which all the wards are placed in direct aerial communication with each other and with the administrative offices. It would seem, therefore, that the question of the aerial separation between the wards and the administrative offices, and between one ward and another, is not satisfactorily solved in these earlier instance of the pavilion type of hospital.

If we turn for a moment to some recent foreign hospitals, we shall find that this question has been dealt with in a way that has not as yet been attempted in this country.

The University Hospital at Heidelberg consists of nineteen separate buildings, some of which are entirely detached, the others being connected together by a covered way, consisting solely of a roof supported at intervals on posts. Eleven of these buildings are ward blocks, six of which are one storey only in height. The other eight blocks are administration and out-patient department, kitchens, laundry, pathological department and school, chapel and mortuary, ice-house, coal store, and sewage disinfection house. The operation theatre is attached to one of the surgical pavilions.

At St. Denis, near Paris, is a little Municipal Hospital for 166 beds, which is, in some respects, quite as interesting as the Heidelberg example. This hospital is constructed on what is known as the Tollet system, which consists in the adoption of the pointed arch as the sectional form of the ward; and also, in certain details of construction, devised with a view to economy, but into which it is not necessary now to enter. The general arrangement of this hospital is shown on the diagram. The two front buildings contain all the administrative offices, the dispensary, and the kitchens. The two blocks to east and west of the administrative buildings are for aged and infirm men and women. These form the hospital, and answer to the infirm wards in our workhouses. At a distance of some 120 ft. from the front buildings is a row of five blocks standing independently of each other, and not connected with the front buildings even by covered ways. These buildings are one storey only in height. The three central blocks are surgical wards—two for men, one for women, the end blocks being medical wards for men and women respectively. Attached to each medical pavilion is a very complete set of medical baths, in addition to the bathroom attached to each ward. The two blocks to the north of the last are for infectious cases; the block behind these con-

tains a laundry in the basement and three chapels above, and the little building in the extreme northern corner of the site is the mortuary and post-mortem room. The general wash-house and engine-house is the block shown just beyond the bath-house attached to the western medical wards.

In the two hospitals I have just described we have examples of the most complete disconnection between the wards and the administrative offices, and also between the wards themselves, and in each case it will be observed that surgical cases are more carefully separated and sub-divided than medical cases. In the case of the St. Denis Hospital we have not only the ordinary medical and surgical cases which are received into the wards of general hospitals, but we have also two blocks of four single-bed wards each, for patients suffering from infectious fevers, so that (excluding mental diseases) this hospital is destined to deal with disease and injury in every conceivable form.

In both these hospitals the wards are raised above the ground on piers, and there is a free air space under the floors of 7·0 in height, the ground being sloped down at each side; so that not only is there the greatest possible air separation between each block, but the air currents have full play both around and beneath the buildings. By this means the ward floor itself is raised above all possibility of contamination by ground air, and the possibility of stagnation of air in the angle formed by the upright walls and the ground is entirely avoided.

Another example of the isolated pavilion plan is to be seen in the great Friedrichshain, or General Town Hospital, at Berlin, where the only means of communication between the different ward blocks are paved footways.

Two questions seem to me to arise out of the consideration of these hospitals: (1) Is there any advantage at all commensurate to the great increase of cost entailed in limiting the ward pavilions to one storey in height? and (2) Is it desirable or practicable to dispense altogether with closed-in corridors of communication, or even, as at St. Denis, to abolish covered ways entirely?

As to the first question, I must confess that for my own part I have been quite unable to discover any adequate reason for the limitation of wards to one storey only. In M. Tollet's system it becomes a necessity, as it is of the essence of his plan that the pointed arch form of roof should be preserved, and that the outlet ventilator should be at the apex of the arch. But given ample space around the wards in proportion to their height and the means of entirely separating the ward air of one floor from that of the floor below, I cannot see any advantage to be gained that would outweigh the

enormous increase in cost which would be involved in places where, as in London, the value of land is calculated by the square inch. It has never, I think, been contended that the air from one ward could pass by way of the windows into the wards above; it is by way of staircases, passages, lifts, and shafts, and possibly by way of the floors when constructed in the ordinary way, that the circulation of air takes place. If, therefore, we so plan our wards that each is atmospherically distinct from the others, we shall, I think, attain the desired object almost as completely as if we adopt the principle carried out in Germany and France. As an illustration of the arrangement I have endeavoured to describe let me ask your attention for a moment to a hospital now being erected in London, and for the design of which I am, jointly with Mr. Henry Hall, responsible.

The plan represents the Great Northern Central Hospital at Holloway as it is intended to be. At present only the rectangular ward block, the back wing of the administration block, and the out-patient department and mortuary are in course of erection. The hospital consists really of six distinct buildings, all of which are or can be made absolutely distinct one from the other. The front block contains the board-room and offices, residence for officers, private wards for paying patients, and nurses' dormitories. The wing at the back contains the stores in the basement, surgery and consultation-room, nurses dining and sitting rooms, operating theatre with adjuncts, nurses' bed-rooms, and the kitchen offices on the top floor. In this wing too, are placed the main staircase and all the lifts.

To right and left of this central block, corridors lead to the two ward blocks. These corridors are cross ventilated, and are shut off by doors from the ward blocks.

Personally, I should like to see the windows abolished and the corridors converted into simple covered ways; but in that case it would, I imagine, be necessary to provide means of closing in the sides in such a winter as last.

The ward blocks then, with their accessories, are practically quite as distinct from each other and from the main building as if they were in separate hospitals.

So far for horizontal separation. Vertical communication between one ward and those above is guarded against by the avoidance of any vertical shaft within the ward blocks, and by the construction of the floors, which are of solid concrete and iron.

The remaining two blocks are respectively the out-patient department and the mortuary, with post-mortem-room, etc.

To return to our second question, as to the necessity for covered communication between the various blocks in a

hospital. There is much to be said on both sides of this question. On behalf of the absolute separation theory there is of course the perfect isolation of each building to be urged. The hospital becomes a series of houses, and from the point of view of the doctor who, in the course of his professional rounds visits many houses, there can be nothing objectionable in this. But it is with the kitchen arrangements that the most serious objection lies to the absence of covered ways, and one can readily imagine the inconvenience of having to wheel the food trolleys containing hot diets for the patients through a snowstorm. On the whole, I fancy the balance of opinion would be in favour of covered ways; these, if made sufficiently broad and low will afford ample protection from the weather. An example of this arrangement is to be seen at the South-Eastern Hospital of the Metropolitan Asylums Board, where it has, I believe, worked exceedingly well.

In discussing the question of the vertical separation between one ward and those above it, I referred to the construction of the flooring as being a point of importance in this respect. The ordinary way of forming a floor is to place beams of timber or joists across from wall to wall, and to fix on their upper sides the floor boards, and below them the ceiling of lath and plaster. By this arrangement it will readily be seen that there is a space intervening between the ceiling and the floor boards. When, in a house that has been occupied for some time, the floor boards are taken up, it will be found that the upper surface of the ceiling below, between the joists, is covered with dirt and dust of all kinds. Now in a hospital ward dust is more emphatically "matter in the wrong place" than it is anywhere else. Dirt means disease, and disease in a surgical ward means all those forms of septic poison which are amongst the greatest enemies surgeons have to contend with.

Let us consider for a moment what the nature of this dirt is, and of what these floating matters in the air consist. The open air of the country is laden with spores, pollen of flowers, vegetable fibres, and numerous organisms of a minute type. In towns fine particles of dust from the roads, manure, vegetable tissue from various sources, and the product of chimneys are all borne upon the air. In hospital wards there will be present in greater or less numbers epithelial dust and pus cells. Professor De Chaumont notes the presence of pus cells in a ward at St. Mary's Hospital, in close proximity to some beds which had a bad reputation for erysipelas. The same eminent authority cites numerous cases where the special organisms of particular diseases were found in the air of wards devoted to those diseases.

It is, I believe, now pretty generally recognised that most of these low organisms or germs have an almost unlimited

vitality ; that they will bear being dried and blown about by the air, and on being again subjected to moisture will again become active ; that, in short, nothing less than excessive heat will absolutely destroy them. The number of germs of all sorts that must find their way into the crevices of a floor such as I have described must be very large indeed ; and when we consider that every time a floor is washed the evaporation that goes on while the boards are drying sets free myriads of these minute organisms into the ward air, the importance of reducing the open spaces in a floor becomes very apparent.

When, therefore, the only barrier between one ward and another is a thin sheet of porous plaster and deal boards, which, if they fit ever so closely, still leave room for the passage of dust-laden air, it is impossible to say that the patients in the upper ward are safeguarded from emanations from the ward below. It is therefore absolutely necessary that a ward floor should be solid, and the best way to obtain this result is by forming the framework of the floor with iron beams and filling in the spaces with solid concrete. The wood floor—for in this country I do not think a cement or marble floor would be tolerated for a moment—is then laid down on the concrete without the intervention of any joists or beams whatever. A difficulty necessarily inherent in any form of wood floor is that of joists. Wherever joists exist there will be a crevice, and be the crevice ever so small it is a lurking-place for the minute organisms with which the air is laden. The best mode of obviating this difficulty seems to be, first, to have the floor made of the hardest, most close-grained wood obtainable, such as teak or oak ; secondly, to secure that the wood itself, whatever is used, is as absolutely dry and well-seasoned as it is possible to make it ; and, thirdly, to treat the surface either by wax polishing, or, better still, by the paraffin process. This latter consists in forcing paraffin into the pores of the wood by hot irons, and then polishing the whole surface with a solution of paraffin. A floor thus treated becomes absolutely impervious. A wood called Jarrah, one of the Eucalyptus family, has been suggested for ward floors. It is about the same cost as oak, and appears to be well adapted for the purpose. Whether it has the antiseptic properties claimed for it I am unable to say.

Before leaving the subject of the wards there are two or three points upon which I would say a word : First, with regard to those narrow windows that are to be seen at each of the four corners of the rectangular wards of the Great Northern Hospital. It has been pointed out by many observers that the cases in the beds at the extreme ends of wards have persistently fared worse than those in the other beds ; and the reason that most obviously suggests itself is that in

the angles the ventilation is apt to be more sluggish than in the central parts—that the air has, in fact, a tendency to become sluggish. To overcome this difficulty we have added slightly to the space occupied by the end beds, and have placed those narrow windows shown on the plan between each end bed and the return wall. Another point I wish to refer to is that of angles. The rounding of the internal angles in a ward is no new thing. In the horizontal angles it is done to prevent the accumulation of dust in corners—everyone knows how dust will accumulate in nooks and corners, and how impossible it is to sweep well into an angle. In the vertical angles and the angles made by the ceiling and the wall the object is to promote ventilation, the fact being that there is a tendency to stagnation of air in these parts. The effect of this is readily seen in a room where the walls and ceiling have become discoloured by time. In all the inner angles will be seen a white line showing itself conspicuously by contrast with the surrounding dirt. The cause of this is imperfect circulation of air, and therefore of the dust borne on the air. In a modern hospital at Molenbeck, St. Jean, near Brussels, the internal angles of the walls are rounded to a radius of about six feet. I would, however, go further than this and convert into a segment every angle that can by any possibility be altered. The corners of door panels, of the panes in a window, the angles in the ward furniture—in short, everywhere an angle exists that can possibly be rounded, rounded it should be made.

The question of the best mode of treatment of the wall surfaces in hospital wards is also an important one, and one which has certainly not yet received a final settlement. By many authorities it is urged that the surface of the ward walls should be absolutely impervious; so impervious that it should be possible to wipe off, as you would from a glass, any moisture that might be condensed thereon. Absorbent surfaces, such as ordinary plaster, must, it is said, become in course of time saturated with disease germs, and instances have been cited of hospitals which have become so infected that the simplest operations could not be performed within their walls without danger of erysipelas or some other septic disease being induced, and which had eventually to be destroyed as being hopelessly poisoned. The earliest remedy for this was polished Parian cement, which was said to be an absolutely impervious substance. This, however, proved not to be the case, the cement in question turning out very little less absorbent than ordinary plaster. Glazed bricks or tiles have been adopted in some instances, but here we are met with the difficulty of the joints, which must be made of some sort of cement, and really form lines of more or less

porous material. In France a mastic varnish is applied to ordinary plastered walls, and has much the same effect that we could obtain here by the use of ordinary varnish. Some time ago it was announced that the War Office authorities were making experiments with a kind of water-glass varnish, but as these experiments were being conducted by Sir Frederick Abel, it is much to be feared that his duties to the Imperial Institute may interfere with their success. There is, however, I venture to think, something to be said in favour of non-impervious wall surfaces. It has always struck me that the part played by the walls in the ventilation of buildings has been rather neglected in the discussion of this subject. In the experiments conducted by Professor Pattenkofer, it was demonstrated that a current of air could be blown by the mouth, with no great effort, through a solid cylinder of mortar five inches long at a sufficient velocity to deflect the flame of a candle. This being the case with mortar, the relative porousness of bricks must be much greater. It appears, therefore, that the enclosing walls of our buildings are by no means air-tight cases; but that, on the contrary, a very appreciable amount of air must be constantly passing through them. If this is the fact, are we doing wisely to interpose an absolutely impervious surface between the wards and the more or less porous walls? I cannot pretend to decide the point; but if there is any value in the movement of air which unquestionably takes place through the enclosing walls of a building, then the system adopted in this hospital, with regard to wall surfaces, would seem to answer every requirement of good sanitation. Ever year the wards are one by one emptied, and thoroughly cleansed; the distemper of the previous year is scraped and washed off from walls and ceilings; the paint is washed, and the ward is ready for a fresh year's service clean and sweet in every part.

If, however, the balance of residence should prove to be in favour of impervious wall surfaces, and a treatment can be devised which shall fulfil the conditions of being at once durable, permanent, absolutely impervious and without joints, it will have the additional advantage of economy, for the cost of cleansing such a surface would be very small, while the annual cleaning of a hospital which is properly kept, such as the one in which we are assembled, forms a heavy tax on the income.

The question of suitable airing grounds for convalescent patients is one which in large cities often presents great difficulties. Here in this hospital where we are fortunate enough to possess a capital garden, patients may be seen on a fine summer's day lying in bed under the shadow of the trees for hours together, while others more convalescent walk about or

sit in the shade. Many hospitals are not, however, so blessed ; the hospital to which I have already referred, and whose plan hangs on the wall, is a case in point. This difficulty we have met as well as we were able, by making a flat roof over the wards, and by providing large verandahs at each ward level. The flat roof cannot of course be compared to a garden, but it affords excellent airing ground for convalescent patients, while the verandahs are equally convenient for those patients who cannot leave their beds. In several German hospitals, notably those of Halle and Dresden, large covered-in balconies are provided, and here patients are kept night and day during several months of the year. At an old hospital in Berlin balconies have been added to the corridors in order to correct the evils of the system upon which the hospital is constructed. I have here to-night some photographs of these balconies and a large sort of glass house attached to the children's ward.

The last subject upon which I shall touch very briefly is that of ward ventilation. There are two broad divisions of this most difficult question. First, there is what is commonly known as natural ventilation, and secondly there is artificial ventilation. By natural ventilation I understand a system which relies on the natural movement of air through windows and other direct openings in the external walls, supplemented by the upcast current induced in the smoke flues by the fires. By artificial ventilation I understand any one of those systems by which air is either forced in or out of the wards by mechanical means, such as fans or exhaust furnaces.

Whichever method is to be adopted, it is plain that the work to be done, and the effect to be obtained, is in all cases the same.

A certain number of patients, more or less ill, are for convenience of nursing placed together in one large ward. It is necessary to supply to each of those patients such an amount of fresh air as will keep the atmosphere constantly diluted to a certain given standard of purity. And this must be done without draught, and must, moreover, be entirely under the control of those in charge of the ward. In addition to this, it is necessary to provide means of warming the wards to a suitable temperature in cold weather. The natural system is, as I have said, dependent on windows or other openings in the external walls, aided at times by the smoke flues from the fireplaces. By these means the great majority of English hospitals are ventilated, and it has been held by very eminent authorities, that for our climate nothing more suitable can be devised. The chief objection to this system is, that wards readily become draughty, and therefore much mischief ensues, especially in cases of lung disease. I

venture to think that with care this difficulty can be overcome. The special form of window to be used is an important factor in this. Formerly, the ordinary double-hung sliding sash was pretty generally adopted; as usually made it admits air exceedingly well, but in a perfectly direct current; there is no means of directing the flow, either upwards or downwards. Then the window commonly known as the Middlesex Hospital window, was devised, with a view to giving the inflow of air an upward tendency. This window, as many of my hearers know, consists of three horizontal divisions, each of which is hinged on its lower edge, and is made to fall inwards by means of a bar worked by a lever. The defect of this window seems to me to be that all three divisions must perforce be opened at once, and that it does not allow of a direct current of air. If, however, these two kinds of windows are combined, and a fall-in or hopper window is placed above a double-hung sash, we get as near an approach to a perfect form of window as possible. The bottom rail of the lower sash should be made much deeper than usual, and instead of the ordinary bead inside a board some five inches deep should be fixed on the sill. With this contrivance if the lower sash be raised some four inches a continuous current of air having an upward direction will be admitted between the upper and the lower sashes. The sides of the hopper light when open must be protected with wings, and the crevice at the bottom where the hinges are must be covered with a wooden slip. Another important point in the prevention of draughts is to see that the air supply to the stove is drawn not from the ward entirely, but from an independent source. This can be done by bringing in a supply of air by a shaft to the back of the fire-place, where it is warmed and passed through suitable gratings into the ward. At the floor level at the back of each bed a small shaft should be made through the wall, and provided with some means of opening and closing, preferably the radiator ventilator made by Ellison, which breaks up the incoming air into four diverging currents. The special function of these openings is to create a movement of air in the most confined space in the ward, under the beds. Shafts for the removal of vitiated air are best placed side by side with the smoke flues, and divided from the latter with thin plates of iron. When fires are not in use an upcast current must be got by means of a gas burner at the foot of the shaft.

Thus far natural ventilation. It would take much more time than there is at my disposal to describe in detail all the systems in use on the Continent and in America for producing ventilation by mechanical or artificial means. As a general rule, the system employed in America, where very great

attention has been given to the subject, is that of drawing the vitiated air out of the wards by shafts leading into one common aspirating chimney, and of admitting fresh air over steam or hot-water coils placed in a basement entirely devoted to ventilating and warming purposes. Propelling fans are used both for the admission and extraction of air.

In comparing the two systems we are in somewhat of a difficulty, for with the single exception of the Consumption Hospital, at Brompton, there does not to my knowledge exist any hospital in this country entirely dependent on mechanical means for ventilation. One element in the question is that of cost; and though it will be conceded that where the health of patients is concerned cost is a minor consideration, the advantages to be gained must be very real to counterbalance the enormous expense, both initial and of maintenance, involved in such a system as that of the New York Hospital or the John Hopkins Hospital at Baltimore.

Another element for consideration is the multiplication of shafts and the general elaboration of parts upon the perfect order and control of which the success of the whole scheme hangs.

I do not wish for a moment to underrate the vital importance of efficient ventilation in a ward, nor do I desire to cast any doubt upon the success of any particular system. But I think a question that fairly admits of discussion is whether, in view of the comparatively equable nature of our climate, it is not quite possible, with the ordinary means at our disposal, to obtain perfectly satisfactory results.

I have now only to make an end of my discourse, and if from anything I have said some useful discussion is evoked, the object of my paper will be amply served.

Pamphlet No. 5.

The Hospitals Association.

THE RELATION OF THE MEDICAL SCHOOL TO THE HOSPITAL.

 BY
TIMOTHY HOLMES, Esq., F.R.C.S.

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TIMOTHY HOLMES, Esq., F.R.C.S.

A MEETING of The Hospitals Association was held at St. George's Hospital, Hyde Park, on Wednesday, 8th February, 1888, at 8 p.m. J. S. BRISTOWE, Esq., M.D., F.R.S., the President of the Association, took the chair, and there were present: Lieut.-General Keatinge, Colonel Haygarth (Treasurer of St. George's Hospital), Dr. Ewart, Mr. Wegg Prosser, Mr. Wood Hill, Dr. Maunsell, Mr. Carr-Gomm, Mr. Keith Young, Mr. Ryan, Mr. Cutler, Mr. Bennett, Mr. Myers, Dr. Penrose, Mr. Todd (Secretary of St. George's Hospital), the Rev. J. Marshall, Mr. Mackenzie, Mr. Hayes, Mr. Gattie, Mr. Shield, Mrs. Holmes, Mrs. Perry, Miss Robertson, Mrs. Bedingfeld, Miss Mackenzie, and others.

In introducing Mr. Holmes, the CHAIRMAN remarked that he was so well known, particularly within the walls of that institution, that any words from him were needless in presenting to the audience a gentleman who had been for so many years such a distinguished ornament, and so admirable and valued a member of the governing body of St. George's.

Mr. HOLMES, who was received with cheers, proceeded to read the following paper:—

MR. PRESIDENT,

I must request your indulgence, and that of my audience, on the ground that I have been asked at the last moment to undertake a task which would have been far better performed by Dr. Gilbert-Smith, who was to have treated this subject to-night, had not ill-health and other domestic circumstances rendered it unfortunately impossible for him to fulfil his engagement. In every other respect

you have reason to regret the change ; but in one particular I may perhaps be able to speak with more freedom than he could, since I am no longer personally interested in the medical school, with which it has been my pride to be connected as student and teacher for now nearly forty years. This long experience has, I hope, qualified me to speak with some knowledge of the subject, though perhaps I cannot claim to be entirely impartial.

I must not forget that I am speaking to a mixed audience, some of whom possibly share in the ignorance, or even prejudice, that so largely prevails among the public on the subject of medical schools—a prejudice which I believe is now rapidly passing away, but of which we see every now and then some half-ludicrous, half-mischievous proofs. It is on account of this mixed character of my audience that I shall say a good deal which to medical hearers would sound trite and matter of course, but which I trust will be pardoned under the circumstances.

A great hospital is a very complex institution, and may for our present purpose be regarded as made up of many departments—a body of governors, to superintend and regulate the whole concern; a financial agency, to raise and expend the necessary money ; a medical staff for the actual treatment of the sick ; a place for the study of diseases and the improvement of the medical art ; a centre for the medical charities of the district, by which their organisation can be controlled and their deficiencies supplemented.

My object in this paper will be to show how great an assistance a medical school is to all these departments of hospital administration, and how greatly the governing body of a hospital can promote the end for which they exist by favouring the growth and extending the reputation of the medical school. Let us first look at the hospital as a society of governors bound together for one great object—the care of the sick poor. I should hardly have thought it necessary to argue that from this society those should not be excluded who know most thoroughly every detail of the system, and whose interests and feelings are most closely bound up with its success ; were it not that I believe in some of the older hospitals the plan is still followed by which the governors

of the hospital and the officers and members of the medical school are kept distinct bodies. I hope that in characterising such a form of government as antiquated and unreasonable, I am not transgressing the bounds of courtesy, but what else can we say of a system which makes a man's knowledge of the institution a formal disqualification for a voice in its management? If it be replied that the medical officers of a hospital have interests both in the hospital and the school which are different from, and may sometimes conflict with, those of the lay-element, I fully admit it, and recognise in the fact a reason for having a preponderating lay-element in the governing body. But it seems to me a very great mistake, in the interest of the hospital or (which is the same thing) of the patients, to treat the medical staff as if they were merely the servants for that purpose of the lay-managers—and if this is unadvisable even in hospitals where there is no medical school, it is doubly to be deprecated where another institution so complicated and peculiar as a school is, and at the same time so useful to the hospital, has also to be considered by the governors. No one who knows anything of our great hospitals but must admit that the school exercises the greatest influence on the hospital; and it seems a truism to say that the affairs will be better managed if those who alone understand them thoroughly have a voice in the deliberations. The other course, in which the lay-governors alone manage, while the medical men can only offer advice when asked, leads to all kinds of favouritism and undue influence, in which the property of the hospital is quite as often, I believe, unduly charged for the benefit of the medical school as the reverse. Open dealing is best in these, as in all other matters, and the affairs of hospitals are, as it seems to me, best managed by an open Board or a large Committee, on which the medical staff have by right a seat, but in which they are, of course, in a minority, and in which the interests of the medical school are publicly considered, and are promoted whenever they do not conflict with those of the patients. And that is a contingency which will rarely indeed occur.

I have the happiness to-night of speaking in a hospital where this form of government has always prevailed, and

I would confidently appeal to both parties—both the medical and lay element—whether the result is not satisfactory to both—whether it does not tend both directly and indirectly to the benefit of the hospital, which is another phrase for the benefit of the patients. Under this plan, a school which from its position could never aspire to rival those of the great central hospitals in numbers, has been maintained in great efficiency and reputation since the days of John Hunter, and has rendered services to the hospital which are always generously admitted by the Board of Governors, and are requited by a constant support and consideration, which it is a grateful duty on every fitting occasion to acknowledge. A hospital, again, is a financial agency for raising and expending the funds required for its maintenance—no light task, at the present time especially. Some of our hospitals were regarded formerly as above the need of subscriptions, and were spoken of as “endowed hospitals”; but with one fortunate exception even these have been visited by the same depression which has fallen so severely on other owners of land, and have been forced to ask the assistance of the charitable public. Now, in seeking that assistance there is no more potent auxiliary than a good medical school. It helps in every way the financial efforts of the lay-governors. Its members and their immediate connections form a respectable proportion of the subscribers; its students ultimately form the greater part of the practitioners of good standing in the neighbourhood; and their recommendations to their patients procure a still larger portion of the subscribers. The public reputation of the school is another great factor in procuring subscriptions, and many of the valuable legacies which form so large a part of hospital property are due to the medical school.

Perhaps the most splendid acquisition which any hospital ever received by legacy is the Atkinson-Morley Hospital at Wimbledon, attached to St. George's. This is called a Convalescent Hospital, but that name only inadequately describes it. It is really a branch of St. George's in the country, and, besides many other most useful functions, it relieves the town hospital of cases no longer urgent, but not yet fit for dis-

missal. For this grand addition to our institution we are indebted to the fact that Mr. Morley was originally a student at this hospital. And I do not doubt that the influence of the medical school might be traced in many of the other legacies by which the inadequacy of our subscription list has hitherto happily been supplied.

Not less important is the aid given by the medical school in regulating the expenditure of the funds when raised. There is no more efficient guarantee for real economy in a hospital than the constant presence of intelligent students in the wards. By economy I do not mean small expenditure, but the obtaining efficiency at a reasonable cost. All the trifling deficiencies which often make the whole difference between efficiency and inefficiency are revealed by the constant supervision which a medical school entails, and the constant necessity of supplying what is lacking for the needs of clinical teaching. I am always glad to see an increased expenditure on the items of our accounts headed "Medical and Surgical Expenses," since this means increased activity in the great battle which we are always waging with disease, arms of increased precision, and in all probability an increase in the severity of the cases with which we grapple. Every surgeon knows how much more complicated and how much more expensive the system of dressing wounds has become of late years, but every surgeon as old as I am knows also that this increased expense has been attended by an increase in the safety of our operations, so great that my late friend, Mr. Callender, estimated that amputations did not involve more than a tenth of the mortality which prevailed when he was a student, and the estimate is probably not very wide of the mark. Any wise expenditure which leads to improvement like this is true economy, and such improvement is obviously greatly assisted and promoted by the presence of an efficient medical school.

A hospital may also be regarded as a body of physicians and surgeons united together for the purpose of treating the patients confided to them by the governors. And considered in this light the importance of a medical school to the hospital can hardly be exaggerated. It creates and

maintains that *esprit de corps*, that healthy rivalry in good works, which forms so striking a feature of the medical system of London as distinguished from that of Paris. Our great medical schools here are extremely like the various colleges at our Universities. We have our traditions here at St. George's—our great men, whose portraits and busts adorn this room—we are proud of the discoveries of our predecessors and colleagues in the school, and anxious to distinguish ourselves in medicine or surgery, partly to add lustre to it, not merely to aggrandise ourselves. The same of course is true of the other schools, and hence arises a contest for priority which is not confined to the schools of this metropolis alone, but which extends to those of other parts of the kingdom also—so that as Guy's is eager to outstrip St. Bartholomew's, so Edinburgh is eager to rival London; and it is doubtless in great measure to this wholesome competition that the extraordinary activity and progress of the British school of medicine and surgery is due—a competition which is wanting in countries where the State supplies the hospitals with medical officers, all bred in the same central school. The *esprit de corps* from which this competition springs is as directly beneficial to the individual hospitals as to the study of medicine in general. The intimate acquaintance which the members of the staff have with each other—the kindly feelings and mutual confidence which naturally spring up amongst men who stand to each other in the pleasant relations of teachers, fellow-students, and pupils, are of immense direct advantage to the patients. Further, the need for clinical instruction is another most important benefit to the sick. Hasty people are apt to think the reverse—to assume that the patient's comfort is interfered with, and his recovery jeopardised by a prying crowd of students. Nothing, I think is further from the truth. If it were my fortune to be a hospital patient I should pray that I might be treated in a clinical hospital, where my physician would have to make himself minutely acquainted with my case, that he might be able to explain it, and to vindicate his diagnosis and treatment to an intelligent audience of students; or my surgeon would have (as he would here at St. George's) to discuss the case with his

colleagues in presence of the students, to bear the free criticism of his fellows and prove the justice of his proposals before he risked my life in the operating theatre.

As to the interference of students with the patients, I never heard in the long course of my experiences here any complaint of the sort, either made by the patient himself, or discovered by the lay-visitors who so zealously and efficiently superintend the working of the hospital, and to whose care both the medical staff and the patients owe so much. But I would not have you think that our London schools are close corporations into which no one is admitted who has not paid his footing and been enrolled in the guild. This, no doubt, was so, at least at some schools, formerly; a student by paying a large fee to one of the surgeons could ensure to himself the offer of a vacancy in time. But all this, like many other old customs which have grown into abuses, is changed now. Neither this nor any other school has any hesitation in going outside its own ranks whenever it may seem necessary for the general well-being; and though such occasions are rare, at least in vigorous and well-managed schools, and so do not interfere with the general *esprit de corps* on which I have laid such stress, instances of them can be produced, I think, from every school in London, and our own has just furnished a conspicuous but by no means the first example. That a hospital is a place for the medical care and treatment of the sick is so obvious, that the world is apt to forget that it has another, and not less important object—that of the study of the medical art. I say advisedly not a less important object; nay, I think the progress of medicine is the more important of the two to the human race, for the proportion of the human race who receive relief in their own persons as hospital patients is but small when compared with those who owe their lives, their comfort, their peace of mind, their sanity, to the improvement which is so rapidly going on in the medical art.

Men who, like myself, can look back to about forty years passed in the service of a large hospital can testify to a revolution in the practice of medicine not less remarkable than that which has taken place in mechanical or electrical science.

Of course the most wonderful, and to the laity the most intelligible proof of this revolution is the abolition of pain in surgical operations, and this wonderful discovery was no doubt made by private persons of no remarkable medical knowledge, and unconnected with the hospitals or schools. But the diminished mortality of all surgical operations, the astonishing increase of the field of operative surgery, the increase of knowledge of the nature and treatment of fevers, the immense stride which has been made since the commencement of this century in the treatment of mental affections, and above and beyond all (because containing in itself the promise of other advances at which we cannot even guess at present) the foundation and rapid advance of the science of pathology, are only some among the many factors of the advance of medicine which are only possible by combined and disciplined research; and for which the opportunities supplied by large hospitals, and the co-operation of a trained staff of observers in the hospital school, are absolutely necessary.

The somewhat silly controversies which have lately gone on in the press have, perhaps, blinded people in some degree to the real road by which medical progress is effected and men's lives preserved. Much, no doubt, is done by prevention—perhaps more than by attempts at cure; and of these preventive measures the greater part are beyond the sphere of the medical art in its strict sense, though it is of course to the medical profession that the public is and must be indebted for its protection from the dangers of bad ventilation and bad drainage, and for the demonstration of the ills which follow in the train of poverty, vice, dissipation, unhealthy employments, and the like. But in matters of disease, strictly speaking, it is well to remember and to get the public to see that all the sound progress which medicine has made in the past, and all that we can hope it will make in the future, rest upon pathology; that therapeutical theories, however ingenious, and study of symptoms, however extensive, have little influence in medicine compared to that knowledge of the causes and effects of disease which is given by pathology. Now the investigations of pathology are becoming constantly more laborious and intricate, and it is

only the influence of the great schools of medicine which can prevent such studies from breaking up into a host of specialities, and the medical art from degenerating into a struggle between rival nostrum-mongers—it is only the co-operation, not of the members of one school only, but of all the schools working together, which can elicit the truth from the struggle of rival theories, can test all alleged discoveries by the results of experience, and so push forward the possibly slow but certain advance which we are making towards a more definite and more comprehensive pathology. It is, then, most necessary for a great nation like ours that there should be various independent schools of medicine, supported as such schools can alone be by the resources of hospitals of adequate size.

On the other head stated in my programme I am sorry to say there is little as yet to be said.

A hospital ought, in my opinion, to be a centre for the medical charities of the neighbourhood, to which minor institutions should be affiliated ; and a scheme having something of this kind for its ultimate object is now under discussion—I am glad to say, with the assistance of many of our large hospitals, including St. George's. But, however desirable some of us may think it, nothing of the sort has as yet been instituted.

If such an organisation were established, it seems likely that great benefits might accrue to the sick from the ministrations of students and the other junior members of the medical school, recompensed by equal benefit to the latter from the insight it would give them into home practice, which is in so many respects different from that in hospital, and by admission to institutions such as Poor-law Infirmarys, Lunatic Asylums, and Fever Hospitals, where they would see classes of cases necessarily excluded, or almost excluded, from our general hospitals. But as the scheme is still incomplete I must not waste your time in discussing it.

On one other point only I may perhaps be allowed to say a few words, namely, the mutual influence on each other of the medical school and the out-patient department, and I do so, although perhaps the topic is not a necessary part of my subject, because I have sometimes been misunderstood, as if

in wishing to limit what I consider the abuse of the out-patient departments I wished to cripple or even destroy that portion of the hospital. Nothing can be more remote from my intention. To my mind, the out-patient department is one of the most important portions of the hospital for the instruction of students—a great instrument for teaching them diagnosis—the fundamental part of medicine, and the part which can be more successfully taught during pupilage than practice in its stricter sense. And I have always been most particular in urging on my pupils the great importance of attendance in the out-patient room. And, on the other hand, the presence of students and the necessity of instructing them seem to me equally beneficial to the officers and patients of these departments. Out-patient practice is laborious, and a good deal of it is rather painful routine. The necessity for demonstration and teaching furnishes a welcome relief to this monotony, and fixes attention on many a case which might otherwise be overlooked or mistaken. But this is eminently a case in which the old adage of “the half being more than the whole” applies, and it is partly to reduce the number of cases to manageable limits, and partly to ensure a supply of such cases as can really be benefited by out-patient treatment, and can be used for the instruction of students, that my proposals were intended. How far they are well devised for these ends we cannot now discuss, but I do not wish to lose any opportunity to protest against the imputation of hostility to a department which on the contrary I regard as an indispensable and most useful portion of the hospital.

In this hospital the number of out-patients is limited, and I believe the limitation acts equally well for the medical officers and students, and that the efficiency of the department for purposes of teaching is greatly promoted by it.

Well, I have said a great deal about the services which the school renders to the hospital. But I should leave the subject indeed incomplete if I said nothing about the services which the hospital renders to the school. They are indeed indispensable, since it is from the hospital that the school derives all its material for clinical teaching—i.e., its only possible means of instruction in the whole of the prac-

tical part of its studies, as distinguished from the theoretical or scientific. And what I have said above will suffice to indicate my opinion that the school should be allowed to make the freest possible use of these opportunities for clinical study, consistently with the comfort of the patients and the repose of the wards; and that, 'not less in the interests of the patients than those of the school, and that the rules of the hospital should be so framed as to admit all kinds of disease as freely as possible.

This being done, the duty of the hospital to the school is, to my thinking, pretty well accomplished. Some hospital authorities appear to think that, in view of the great advantages which the hospital derives from the school, the latter might fairly require premises in or near the hospital at the expense of the institution. I do not say that this may not be commercially fair, but it seems to me doubtful whether any such disposal of the subscribers' money is consistent with the trusts on which the governors hold it, and it is, or ought to be, unnecessary. A medical school, which is really wanted, will surely secure enough of support to pay all its own expenses, of which the hiring or erection of suitable premises of course forms the first and most essential. A very fair arrangement seems that which has been made here, where the hospital has found the capital and the school pays the interest on it.

The question—to my mind a very dubious one—of the advantages or the reverse of a medical college, is, I am glad to think, outside of the limits of this discussion. What I have said to-night may be thus summed up. A medical school, though not an essential, is a most useful and important adjunct to a hospital of adequate size. Its relation to the hospital ought to be that of intimate alliance, almost incorporation. The teachers in the school ought to be eligible, on the same terms as any other person, to be governors of the hospital, and have an equal voice in its management. The presence of the students in the hospital-wards ought to be looked on as a great advantage to the patients, and should be encouraged by every means in the power of the governing body, under such regulations, of course, as the regular service of the wards and the comfort

of the sick render indispensable. And it should be distinctly recognised that the clinical instruction and investigation necessary for the promotion of the art of medicine are equally for the benefit of the patients. For these reasons the governing body ought to be prepared to listen to every reasonable request of the school, and to sanction every reasonable expenditure by which the facilities for clinical teaching can be improved. On the other hand, the erection of school buildings at the expense of the hospital is an expenditure of dubious propriety; and a healthy and active school ought to be prepared to support itself without trenching in any way on the funds contributed for the care of the sick.

Dr. BRISTOWE then invited a discussion.

Lieut.-General KEATINGE said that as no one would begin the discussion, he, as deputy chairman, rose to commence it, but hoped that he would be followed by others who had a fuller knowledge of the subject. For himself, he would say that when he joined the Committee of the London Hospital some eight years ago, he considered the interests of the patients to be the one consideration, but now he had gradually got to see the immense importance of the medical school, and could scarcely say which institution, the hospital or the school, he considered the most important in the interest of suffering humanity. There was one subject connected with the school which he thought deserved much consideration, and which was, perhaps, the only one regarding which the interests of the school and the hospital might clash. He alluded to the short time for which hospital appointments were now made; he feared that there was a growing tendency to shorten the periods, so as to allow a greater number of students to hold them, and he feared that a tendency to constant change in the wards would be injurious to the patients. This subject he earnestly recommended to the attention of all who were in authority in medical schools and hospitals. As a delegate from the House Committee of the London Hospital, he had lately attended committees convened by the Metropolitan Provident Medical Association, which desired to see some

organised connection between the institutions under their charge and the hospitals. There had been some discussion as to the possibility of using provident dispensaries for clinical teaching, and he thought it could be arranged if the medical colleges were given a voice in the nomination of medical men to the dispensaries. The subject interested him much as a possible means of keeping down the pressure for appointments in the hospital wards, and reducing the evil of constant change.

Dr. EWART expressed his appreciation of the valuable paper for which the meeting was indebted to Mr. Holmes. The lecturer had left very little unsaid on the professional side of the question. There was, however, much matter with which the lay representatives of hospitals could deal. Reference was specially made to the often suggested affiliation of Poor-law Infirmaries to general hospitals and to their medical schools. This was a subject particularly suited for discussion by governors of hospitals and by those conversant with the administration of infirmaries. Medical men could only give renewed expression to their regret that much valuable clinical material was, under the present system, kept out of the reach of pathological investigation.

Dr. FRANK PENROSE, in support of what Mr. Holmes had said, brought forward the case of University College Hospital, which was originally started to meet the clinical needs of the medical faculty of University College, to show that although everything was done to meet the requirements of the medical school, yet the efficiency of the hospital in benefiting the sick poor who came there to be treated was not inferior to that of any other hospital with reference to the question of the length of time that resident appointments should be held; he considered that six months was not too short a time for each post, as then the several posts of house-surgeon, house-physician, and resident obstetrician could be held in turn by one man, whereas, if each appointment was for twelve months, few men had either the time or money to spend two or three years in residence, whereas many could afford to spend twelve to eighteen months; and one must remember that the majority

of students are going into general practice, and that therefore it is the duty of their school to give them as wide and sound an education as possible. Referring to the affiliation of neighbouring asylums and infirmaries to a hospital, he said that something had been done in this direction in the parish of St. Pancras, where two young men were annually picked from amongst the senior students of University College Hospital and appointed by the Board of Guardians to the posts of Senior Resident Officers at the parish infirmary, and that this plan has been found to work admirably.

Dr. BRISTOWE then summed up the discussion, and expressed his general cordial concurrence in the views expressed by Mr. Holmes in his excellent paper. He regarded the association of a school of medicine with a hospital (quite apart from the use of the school as a place for the education of young medical men) as beneficial to the patients, as beneficial to the medical officers, and as generally advantageous. He fully admitted that the first consideration in every institution of the kind must be the welfare of the patients ; but although this was manifestly the first consideration, and one to which everything else must be fitted, it is of less real importance for mankind than the education of medical men who are to have the charge of patients throughout the country. He was of opinion, also, that it was of great advantage to a hospital that it should have a school of nursing associated with it as well as a school of medicine. His own experience in this matter had been considerable, and he was satisfied that such an institution was for the benefit of the patients, and can be carried on concurrently with a school of medicine without friction. He regarded it as a matter of great importance that the medical staff should be represented in the hospital councils. Formerly, at St. Thomas's, as at the other endowed hospitals, the medical officers had no voice in the management of affairs, and were rarely consulted ; and at this time the relations between them and the governors were always much strained. But for some years past three representatives of the staff were summoned to all meetings of the house-committees, and were admitted to take part in the proceedings, but not to vote. For his own part, he preferred that the medical

members should not vote. It gives them more real independence, and, he thought, more real influence, than they would have under the alternative conditions. It obviated the appearance and the feeling that the medical officers were engaged in forwarding their own ends ; while, on the other hand, if the views they advocated were right and reasonable, it would rarely be found that a body of sensible laymen would fail to assent to them. The question of the tenure of office by house-physicians, house-surgeons, and the like had been raised. He agreed that it was not advisable that the tenure of office should be very short ; and he was compelled to regard that as one reason why it was not advantageous that individual medical schools should be very large. The question of the use of workhouse infirmaries for the clinical instruction of pupils had been raised. He admitted that there was much valuable teaching material in these institutions ; but he confessed that he had not heard of any favourable plan for utilising them for this purpose. The difficulties in the way of success in this matter were very great. In conclusion, he conveyed the thanks of the meeting and of the Association to Mr. Holmes for his interesting paper.

Mr. HOLMES, in replying, said that the chief object of his paper had been to show that a Medical School, so far from being (as some seem to believe) a nuisance or an evil to the patients, is, on the contrary, a great benefit and safeguard to them, as well as an immense help to the operations of the hospital in general ; and he was very glad to see that this view had not been controverted by any of the speakers. He quite agreed with General Keatinge in deprecating too frequent changes in the resident officers of hospitals. No alteration of the period of office of house-surgeon or other resident officers had taken place in this hospital during his experience. He also quite concurred in the same speaker's wish, as well as in that expressed by Dr. Ewart, for a more close connection between Poor-law Infirmaries and medical schools. It was quite true, as Col. Haygarth said, that the present race of medical students have not time to attend at infirmaries or other institutions outside of the hospital ; but it was possible that the time of the curriculum might be extended ; and, even under present circumstances, a good many men

might avail themselves of such opportunities after obtaining their diploma. He also fully concurred in Col. Haygarth's dictum, that the patients ought to be the first consideration, and his paper had contemplated the medical school chiefly, as it affected the interests of the patients. He was very glad to acknowledge the ability and courtesy with which Col. Haygarth sustained the chief part in their little republic of St. George's. He welcomed Dr. Penrose's testimony to the advantage derived by the patients from the clinical teaching at a hospital, and Dr. Bristowe's to the importance of medical progress. He was very glad that Dr. Bristowe's experience of the system pursued at St. Thomas's had been so favourable ; but notwithstanding such high authority, he must himself still be allowed to prefer the more open and more republican constitution of St. George's.

Mr. HOLMES concluded by again apologising for the necessarily hasty character of his paper, and thanking his audience for the favour with which they had received it.

Lieut.-General KEATINGE, C.S.I., V.C., proposed, and Mr. KEITH YOUNG seconded—"That the thanks of this meeting be given to the Treasurer and Board of Governors of St. George's Hospital for kindly allowing the use of their board-room for this meeting." This was carried unanimously, and Col. HAYGARTH replied.

A vote of thanks to Dr. Bristowe for presiding, proposed by Mr. Thos. Ryan, and seconded by Mr. Carr-Gomm, was carried by acclamation.

The meeting then terminated.

Pamphlet No. 6.

The Hospitals Association.

THE
ORIGIN, HISTORY, WORK,
AND PRESENT STATE OF
METROPOLITAN LYING-IN HOSPITALS.


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THE ORIGIN, HISTORY, WORK, AND PRESENT STATE OF METROPOLITAN LYING-IN HOSPITALS.

BY

THOMAS RYAN, Esq.

A MEETING of The Hospitals Association was held at St. Mary's Hospital, Paddington, on Wednesday, 14th March, 1888, at 8 p.m. W. C. Grigg, Esq., M.D., took the chair in the unavoidable absence of W. S. Playfair, Esq., M.D., who had promised to preside.

Among those present were Dr. Griffith, Mr. Hunt, Mr. Burdett, Mr. Michelli, Mr. N. H. Turner, Mr. Haynes, Mr. Crich, Mr. Smith, Mr. Fitzroy Gardner (British Lying-in Hospital), Mr. Owthwaite (City of London Lying-in Hospital), Mr. G. Owen Ryan (Queen Charlotte's Hospital), Mrs. Ashton Warner (Shadwell Mothers' Home), Miss Medill (St. Mary's), Miss Allen (City of London Lying-in Hospital), Miss Wilson (Workhouse Infirmary Nursing Association), Miss R. Paget (Midwife's Institute).

The Minutes of the last meeting having been read, Dr. Grigg called upon Mr. Ryan to read the following paper.

It is an opinion very widely held, that special hospitals are for the most part unnecessary, inasmuch as the work they undertake was, before they sprang into existence, performed by the general hospitals, and is indeed at present performed by them at least as successfully, and, for reasons too obvious to call for mention, at a very much smaller cost. In addition to being unnecessary, they are also regarded as being positively harmful, in that they reduce the extent of the special departments at the general hospitals, and deprive them of

an immense number of patients whose diseases would otherwise form the subject of clinical instruction to the students of the medical schools attached thereto.

That the above opinions are, as a rule, borne out by the facts I shall not attempt to deny ; but there are exceptions, it is said, to every rule, and I think it likely that there are a few exceptions to this. However that may be, it is no part of my business on this occasion to discuss the question ; but at the very outset of this paper I claim that, to the class of special hospitals of which my paper treats—namely, the Lying-in Hospitals—the foregoing objections do not apply.

When special cases can be treated in the general hospitals, without prejudice to the hospitals on the one hand or to the patients on the other, the general hospital is, I consider, the proper place for them. That this is not so with lying-in cases was proved in the case of King's College Hospital from 1862 to 1868, when the maternal death-rate was so high that the obstetric wards were closed, and the work has never been recommenced.

That special hospitals for lying-in women were necessary was, however, recognised many years before the experiment of admitting them to a general hospital was tried, and so disastrously failed ; for the Lying-in Hospitals were the first special hospitals established in London.

So much for the need of Lying-in Hospitals.

It will probably be not uninteresting to state here the considerations which prompted the philanthropists of the eighteenth century to found them, especially as they have as much force at the present day as at that time. The passage is quoted from *Maitland's History of London*, 1775. "Amidst the variety of charities which are the distinction and glory of this age and nation, perhaps not one has been proposed to the public more truly beneficial, or more extensive in its benefits, than a hospital for lying-in women. It is natural and just to observe that the arguments for establishing any hospital are at least as strong when applied to this. Poverty is an object of pity, sickness and poverty united seem to comprehend all the natural evils of life. But it is not the case of every sick person to be distressed

in circumstances, and there are not many persons thus distressed whose calamity it is to be frequently or periodically afflicted with sickness; whereas, most women that marry bear children, and those who work for their subsistence are for a considerable part of their lives frequently disqualified for labour, whose labour at other times is but a bare support. During the latter part of their pregnancy and the time of their lying-in, the needy family is wholly taken up in attendance upon them, and the joys natural to such a season are overshadowed by the wants which surround them; while, if they be destitute of this attendance, how great is the hazard that the helpless mother, or more helpless child, and perhaps both, may by their deaths become melancholy instances of the evils of real poverty."

It is an interesting fact that until the middle of the eighteenth century there were no medical charities in London of the class known as special hospitals. In fact, medical charities of any kind were very few and far between, and one of the noblest characteristics of the eighteenth century was the great growth of organised voluntary effort for the relief and care of the sick. If we take the great general hospitals of London, we shall find that two only—St. Bartholomew's and St. Thomas's—were established before the year 1700; and that of the remainder, the largest and most important, namely, Guy's, the London, St. George's, Middlesex, and Westminster, were founded in the eighteenth century. As I have already said, special hospitals appeared at this time, and the first among them were the Lying-in Hospitals, all of which were founded between 1749 and 1765, a period of seventeen years. London was not the first town in the United Kingdom to possess a Lying-in Hospital, but was preceded in this particular by Dublin, where Dr. Bartholomew Mosse succeeded in opening a Lying-in Hospital in March 1745. In the course of his practice in the City of Dublin he had been a constant witness of the misery and sufferings of the poor women of that city during their lying-in, misery, and suffering, which he said would scarcely have been credited by one who had not been an eye-witness of it. "Their lodgings were generally in cold garrets open

to every wind, or in damp cellars, subject to floods from excessive rain ; destitute of attendance, medicine, and often of proper food, by which hundreds perished with their little infants."

Dr. Mosse purchased a house for his purpose in George's Lane, and supported it for a considerable period at his own expense. As time went on, however, its usefulness became so evident that other benevolent persons took an interest in the work, and promoted it by their contributions. This encouraged Dr. Mosse to extend his operations, and he succeeded in building a large and properly appointed hospital, which was opened by the Duke of Bedford, then Lord-Lieutenant of Ireland, in the presence of a large company of nobility and gentry, at the close of the year 1757. The Rotunda Lying-in Hospital has continued the work thus commenced to the present day, and is now the largest Lying-in Hospital in the United Kingdom, besides being, with one exception, the largest and oldest chartered school of midwifery in the world.

In 1749, four years after the founding of the Dublin Lying-in Hospital, London followed the example thus set, and a Lying-in Hospital was then instituted in Brownlow Street, Long Acre, under the Presidency of the Duke of Portland, and was first opened for the reception of patients on the 7th December of that year. There was no provision made for the attendance of patients at their own homes, but, shortly after its foundation, female pupils were received to be trained as midwives. In 1756 its name was altered, and it was henceforth known as the British Lying-in Hospital. In 1849 it was rebuilt in Endell Street, St. Giles's, where it is at present situated. There is now an out-patient department connected with it ; but I am unable to state at what date this feature was introduced. The hospital contains twenty-eight beds.

The City of London Lying-in Hospital was established at London House, Aldersgate Street, on the 30th March 1750 ; Slingsby Bethell, Esq., M.P., Alderman of the City of London, being its first president. It was first commenced at London House, in hired apartments, and had then for its

objects both the reception of in-patients and the attendance of out-patients at their own homes. It was removed to Shaftesbury House, in the same street, in the following year, and its scope was curtailed by the discontinuance of the out-patient department. Shaftesbury House in a few years proved to be too small for the increasing work, and the lease of a piece of ground at the corner of Old Street and City Road was granted by the Governors of St. Bartholomew's Hospital at a rental of £50 per annum, where a new hospital was built, which was opened for the reception of patients on the 4th April 1773. This building, which contains thirty-four beds, has continued to be the scene of the charity's operations ever since. The attendance on out-patients at their own homes was resumed in 1872. This hospital also receives pupils for training as midwives and monthly nurses.

Queen Charlotte's Hospital was instituted in 1752, and was thus the third in order of date among the Lying-in Hospitals of London. At the time of its foundation it was called the General Lying-in Hospital, and continued to be so called until Her Majesty Queen Charlotte became its Patron in 1809, when its name was changed to that by which it is now known. For the first 60 years of its existence Queen Charlotte's Hospital was situated in Bayswater, whence it was removed to its present site in 1813. Prior to 1809 little or nothing is known of its history, but in the latter year His Royal Highness the Duke of Sussex, son of George III, was elected President for life, and was for the next 35 years the guiding spirit of the Institution, and from this time its records are complete. It was the first Lying-in Hospital which combined the advantages of affording relief both to in- and out-patients, and the first also to take compassion on unmarried women with their first child, in addition to which the training of medical pupils and midwives was a recognised part of its work from the beginning. In 1856 the hospital was rebuilt, and it has been subsequently twice enlarged. The principal extension was the new wing, which was opened by their Royal Highnesses the Prince and Princess of Wales in June 1886. This enlargement brought the number of beds to 56.

The Westminster Lying-in Hospital was instituted in 1768. It is described in *Highmore's Public Charities* as being near Westminster Bridge, and is marked in maps of London of that time as standing about 300 yards from the bridge by the side of the main road (corresponding with the present Westminster Bridge Road) leading to St. George's Fields. It was originally intended for the wives of poor industrious tradesmen, or distressed housekeepers; but the Governors at an early date unanimously resolved to admit such unmarried women with their first child to participate in the benefits of this charity as were found to be objects of real distress. Out-patients appear to have been attended at their own homes from the commencement. The physicians, according to Highmore, were allowed to take male pupils, who lived in the hospital, and boarded at the matron's table; female pupils were also received on like terms. The hospital is now called the General Lying-in Hospital, having been rebuilt in York Road, Lambeth, at a short distance from its original situation, in 1830, at which time it was incorporated by Royal Charter. It contains 24 beds.

These four are the only Lying-in Hospitals now existing which were established in the 18th century, but many others were established at that time which have ceased to exist.

Before proceeding to give particulars of the nature and extent of the work of these four institutions, I will take occasion to mention a fact that is not generally known respecting them, namely, that by Act of Parliament, of the reign of George III, it is enacted that no hospital for the reception of lying-in women may receive patients unless a license shall first be obtained from the Justices of the Peace of the county in General Quarter Sessions assembled. The Act is the 13th George III, cap. 82, and is intituled "An Act for the better regulation of Lying-in Hospitals and other places appropriated for the charitable reception of pregnant women." Not only are the hospitals required to obtain a license, but they are required to fix, and keep up over the door or public entrance, an inscription in large letters in the following words:—"Licensed for the public reception of pregnant women pursuant to an Act of

Parliament passed in the thirteenth year of the reign of King George III."

This statute also enacts that every patient, before admission, shall be taken before a Justice of the Peace, and examined on oath as to whether she is married or not, unless she produce an affidavit to the effect that she is married or single, as the case may be. This part of the Act, however, seems to be little regarded, as, so far as I can make out, only one of the four hospitals complies with it.

The work of the Lying-in Hospitals is threefold :—

1. The reception and delivery of lying-in women in the hospital.
2. The attendance of out-patients at their own homes by the hospital midwives.
3. The training of pupils in midwifery, and midwifery nursing.

The extent of the first two branches of their work will be seen from the following table, which gives the average annual number of in-patients and out-patients for the past three years at each hospital :—

	British.	City of London.	General	Queen Charlotte's.	Total.
In-Patients	154	299	394	901	1748
Out-Patients	674	1190	872	1100	3836

It will be seen from this table that Queen Charlotte's receives more in-patients than the three other hospitals combined. The City of London used formerly to relieve a much greater number than the above; for example, in 1871 there were as many as 460 in-patients, which was in excess of the number admitted to Queen Charlotte's in the same year. Of late years, however, there has been a great falling off, until last year, when there was a very considerable increase.

The work of the Lying-in Hospitals as Midwifery Training

Schools is shown in the following table, the figures representing the average annual number of pupils for the past three years :—

	British.	City of London.	General.	Queen Charlotte's.	Total.
Midwives	10	18	16	23	67
Monthly Nurses	55	94	57	144	350
Total Female Pupils	65	112	73	167	417
Medical Pupils..	nil.	nil.	nil.	60	60
Total Pupils	65	112	73	227	477

This table brings out two interesting facts : first, that the number of female pupils trained at Queen Charlotte's is much in excess of the number trained at either of the other hospitals ; and, secondly, that Queen Charlotte's is the only Metropolitan Lying-in Hospital whose practice has been rendered available for the practical training of students of medicine. I cannot refrain from expressing my opinion in this connection that the other lying-in hospitals should also labour in the same field, by permitting medical pupils to attend the in-patient practice of their institutions.

I think it will be found interesting to examine for a moment the above table of pupils in connection with the statement of patients which preceded it. It will be observed that in the case of the General Lying-in Hospital and Queen Charlotte's Hospital the number of female pupils at the respective institutions stands in about the same proportion as does the number of in-patients, while at the City of London, and the British, the number of pupils, bearing in mind the extent of their in-patient departments, is altogether higher than in the first-named institutions. I was so struck with this point, when preparing this paper, that, with a view to finding a cause, I made the following tabular statement of the practice followed at the various hospitals as regards the training of midwives and nurses.

Name of Hospital.	Pupil Midwives.		Pupil Nurses.		Remarks.
	Length of Curriculum.	Fee.	Length of Curriculum.	Fee.	
British Lying-in Hospital	3 months	£ s. d. 10 10 0	1 month	£ s. d. 3 3 0	Fee is exclusive of board and washing; charge for board, £4 per month.
City of London Hospital	3 "	21 0 0	3 weeks	5 5 0	
General Hosp. ..	3 "	26 5 0	2 months	10 10 0	Fee is exclusive of tea, sugar, and washing.
Queen Charlotte's Hosp. ..	3 "	26 5 0	2 "	10 10 0	An extra fee of 10s.6d. is charged to Nurses in respect of lectures, of which two are given weekly by the honorary physicians to the in-patients.

This statement accounts, at a glance, for the greater number of pupils, in proportion, entering the first two hospitals. The fact is, they give the pupils a training at less than half the cost, both in money and time, that they are put to at the two others.

For my part, however, I can scarcely conceive anything less worth £5 5s., or £3 3s., as the case may be, than the amount of knowledge and practical acquaintance with the duties of a monthly nurse which can be extracted from a stay in a lying-in hospital of three or four week's duration.

I may be wrong in this opinion, and shall be glad, if so, to submit to correction; but I am bound to confess that I have no faith in a system which professes to transform, in a period of three weeks, a raw recruit into a full-blown monthly nurse. I know that at Queen Charlotte's Hospital—where the nurse, after careful instruction in preliminary

details, has charge, under one of the sisters, of six patients, two at a time, from their confinement to their discharge from the hospital, and has to attend two lectures weekly during her training—it not infrequently happens that at the end of their eight weeks it is considered desirable to prolong their stay for a few days, in order to improve them in some point where they have been found wanting. This experience makes it the more difficult for me to satisfy myself that a three or four weeks' course of instruction is sufficient. However, one knows very well that all that many of these women want is a certificate which will improve their chance of securing, in private life, engagements as monthly nurses, and if such persons can secure the coveted document in any particular institution at a cost in time of but three weeks, and at an expenditure of money of only £5 or £6, it is idle to expect that they will go to a hospital, where they must stay more than twice as long, and spend more than double as much money.

I propose now to make a few remarks on a subject which, in connection with Lying-in Hospitals, is of greater moment, and of more absorbing interest, than any other. I mean the rate of maternal mortality among their in-patients.

About ten years ago, when, for reasons now pretty well understood, the death-rate of in-patients in the Lying-in Hospitals was, and had for some years been, very high the fact did not lack publishers. But, although all this, as I shall presently show, has been changed, I know of no attempt that has been made, except in scientific papers read before such learned bodies as the Obstetrical Society and the Gynaecological Society, which are little likely to reach the general public, to proclaim, as in common justice should have been done, as loudly as the evil was trumpeted, the remarkable change that has been wrought, and the splendid results that have now for some years been achieved, in these institutions.

The desire to do something, however little, which might tend to restore the Lying-in Hospitals—and especially the one with which I had the honour to be associated for seven years, and whose name was, at the time I speak of, more violently decried than that of any other—to the position in public estimation which their merits should command, was the, con-

sideration which, more than any other, moved me to prepare this paper.

I will first give particulars of the mortality in these hospitals in the years above referred to, accompanying them with some of the criticisms which were at that time publicly passed upon them. I will then place before you figures showing the mortality during the past eight years, when I have no doubt I may, with perfect confidence, leave you to form your own conclusions.

1. *Mortality of Mothers in Metropolitan Lying-in Hospitals, 1870-79.*

During these ten years the number of in-patients in four institutions was 11,807, and the number of maternal deaths from all causes 226, which gives a death-rate of 19 per 1000. The highest death-rate was in Queen Charlotte's, where it was 24·4 per 1000, and the lowest was at the General, whose rate of mortality was scarcely 13. Taking individual institutions and separate years, the highest rate reached was at the General, in 1877, where 9 patients out of 63 died, giving a rate of 143 per 1000 ; and the best result was at the same hospital, in 1872, when among 311 patients there was not a single death.

2. *Remarks on the foregoing figures.*

Such a mortality as 19 per 1000 admits of no satisfactory explanation, and I will not attempt to defend it, but will insert here the strictures which were passed upon it at various times in the decade during which it existed. I do this for two reasons. First, that I may be enabled presently to ask with more point, Where are the encomiums on the opposite state of things in the succeeding eight years ? and, secondly, for the purpose of calling attention to the false comparisons which these critics instituted between conditions essentially different.

Miss Florence Nightingale, in a work on Lying-in Institutions, published in 1871, says : " Does not the whole of the evidence with regard to Special Lying-in Hospitals lead but to one conclusion, viz., that they should be closed ? "

Elsewhere she compares the death-rate in Lying-in Hospitals with the mortality among women delivered at home, to the discredit of the former.

Dr. Steele, in an essay dated June 1887, which I have found in the *Journal of the Statistical Society*, makes the following remarks :—

“Lying-in Hospitals can hardly be said to have successfully fulfilled the objects of their promoters.”

“The hospital which above all others has tended to throw discredit on Lying-in Institutions, by reason of its high mortality, is that known as Queen Charlotte's.”

He also makes comparison between the death-rate in Lying-in Hospitals and that of lying-in women at their own homes, with the same result as Miss Nightingale.

The Lancet of 10th May 1879, after giving some particulars of the mortality in Queen Charlotte's Hospital—which nothing but an overwhelming sense of its duty to the public would have induced it to publish—goes on to say :

“These facts require explanation, and afford further grave evidence of the serious responsibility attaching to the maintenance of this institution as a hospital for the reception of in-patients.” *The Lancet* also proceeds to make comparison between the results in the hospital as compared with that of mothers at their own homes.

3. *The Mortality of Mothers in Metropolitan Lying-in Hospitals, 1880-87.*

During these eight years the number of in-patients in the four hospitals has been 12,315, and the number of maternal deaths from all causes 138, giving a rate of mortality of 11·2 per 1000. The highest death-rate has been at the City of London, where it has stood at 22·1, or nearly 6 per 1000 worse than in the period already referred to, while the lowest rate of mortality was 6·1 per 1000 at the General; Queen Charlotte's and the British being very close, with 8·5 and 9 respectively. If we leave out of the calculation the City of London, whose record is exceptional, we find that in the other three institutions there have been 9,924 deliveries, with

eighty-five maternal deaths, which shows a death-rate of 8.56 per 1000.

The following little table will show at a glance the old state of things side by side with the new :—

		Deliveries.		Deaths.		Death-rate per 1000.
1870-1879	...	11,807	...	226	...	19
1880-1887	...	12,315	...	138	...	11.2

To have reduced the rate of mortality in their wards by nearly one-half, and this in spite of the fact that one among their number has unfortunately deteriorated, is, I should think, an achievement of which the hospitals have good cause to be proud, and which a fair critic ought to have brought prominently to the notice of the public, that the institutions might have reaped, in the form of increased public support, the reward which they deserve, just as in the dark days to which I have above alluded their delinquencies were made much of, with the result that there was a great falling off in the number of contributors to their funds.

Of course I do not for a moment mean to say that Miss Nightingale and Dr. Steele should have written a book and an essay respectively vindicating the claims of the Lying-in Hospitals to the confidence and support of the public ; but I do say that a medical paper, such as *The Lancet*, having felt it its duty to publish the shortcomings of the Lying-in Hospitals, should have been just as ready, nay, even more so, to nois abroad the result of the past eight years. Perhaps *The Lancet* thinks, with some other critics, that its office is to expose defects, and not to point out merits. This thought brings to my mind a very good story, which I remember, and which I will repeat, as showing much more clearly than my own language will do, what I think of such a view. It appears that Zoilus once presented Apollo with a very caustic criticism upon a very admirable book ; whereupon the god asked him for the beauties of the work ; to which he replied, that he only concerned himself with the errors. On hearing this, Apollo, giving him a sack of unwinnowed wheat, bade him pick out *all the chaff* for his reward.

I stated just now that I would call attention to some false comparisons contained in the foregoing criticisms.

The comparison I refer to is that of the in-patient mortality of the Lying-in Hospitals with the death-rate of out-patients' maternities and private practice. Nothing could be more misleading than such a comparison. To illustrate this, I will give extracts from the reports of two of the hospitals. In the Annual Report of Queen Charlotte's, in 1884, I find as follows:—

“It should be borne in mind, however, in making comparison between the death-rate in the in-patients' and out-patients' departments, that there are two important elements which tend to increase the death-rate of in-patients, namely, the large number of unmarried women confined in the hospital, among whom, owing to their mental distress and other causes, the death-rate is much higher than among married women; and, secondly, that it frequently happens that medical men having grave cases in the neighbourhood, and fearing to accept the responsibility in the limited space and wretched surroundings which so generally attend the dwellings of the very poor, apply that they may be admitted. In such cases permission is never withheld, unless under exceptional circumstances.”

The last Annual Report of the General Lying-in Hospital contains the following remark: “As usual, a large proportion of the difficult cases were sent into the hospital by medical practitioners outside.” In addition to these features of the in-patient practice of the Lying-in Hospital, there is yet another, which is this, that whenever the out-patient physicians meet with a grave case in their department, they arrange for its admission to the hospital. I am sure the bare mention of these facts will be enough to make clear to everyone that any comparison between the death-rate of Lying-in Hospital in-patients and that of women at their own homes is misleading and fallacious.

In any comparison between the mortality of one set of patients and another, the very first point to be weighed must always be the relative gravity of the cases. What, then, is the value of a comparison which leaves that consideration out of the question? Imagine the absurdity of comparing the mortality of two communities, from one of which all the bad cases have been transferred to the other! Yet, this is the

error into which each of the authorities I have quoted has fallen, and I have felt it too important a point to pass over in silence.

Before leaving this question of mortality, I should like to record two striking instances of successful midwifery practice which have occurred in Queen Charlotte's Hospital in recent years, and which I believe are unrivalled. Between the 10th February 1884 and the 22nd July 1885 no less than 1,234 patients were delivered, with only one death; and last year (1887) the number of in-patients was 962, and the number of deaths was only two.

In a preceding part of this paper I mentioned that the causes of the high mortality which formerly obtained are now well known. I will briefly mention what those causes were. There is no doubt, in my mind, that they all arose from the fact that the entire care of the patients under the visiting physicians was committed to an unscientific person—to wit, a matron—who was not always even a hospital-trained nurse. Queen Charlotte's Hospital was the first among the Lying-in Hospitals to abolish this system, and to appoint a fully qualified medical man as Resident Medical Officer. From that day dates the improvement which culminated in the successes I have just mentioned. The adoption of the principles of Sir Joseph Lister, to which the Rotunda Hospital in Dublin, and Queen Charlotte's and the General in London—I am speaking from my own knowledge, which does not extend to the other two London Hospitals—attribute their diminished mortality, could never have been successfully accomplished unless this change in the administration had been made. In connection with this question of antiseptic treatment I cannot refrain from alluding to the good fortune which has attended Queen Charlotte's Hospital in its choice of Resident Medical Officers. Of thirteen gentlemen who have filled the office since 1880, eight received their training at King's College Hospital, which, I believe, I am accurate in describing as the home of the antiseptic system. They came to Queen Charlotte's Hospital, therefore, to carry out, under the direction of the physicians, the principles of Listerism which they had had the advantage of learning under Sir Joseph Lister himself. Next to the

ability and unremitting care of the in-patients' physicians, Dr. Hope and Dr. Grigg—at whose instances and under whose guidance these administrative changes were made, and to whom, therefore, under Divine Providence, the results above stated are due—Queen Charlotte's Hospital is indebted to King's College Hospital, and to the conscientious and able men whom it provided to assist the physicians in introducing and working this system, upon the success or failure of which the very existence of the institution may be said to have depended.

I have no right to say that the improvement in the rate of mortality at the General has also resulted from the appointment of a Resident Medical Officer; but I can say that the worst results in its history were in the years 1877, 1878, and 1879, that a Resident Medical Officer was appointed in 1880, and that the mortality since has been less than ever it was before.

With these remarks I will bring this paper to a close. I have referred to the necessity for Lying-in Hospitals, have given some particulars as to their origin, and related some of the leading circumstances in the history of each. The nature and extent of their work have been described; and I rejoice to have found an opportunity, which I have long desired, to disabuse the minds of the public of false ideas with respect to the maternal mortality which attends the practice within their walls. With respect to that subject there is still, however, one thing which I have not said, and which I will take this occasion to state. Not only is the mortality since 1880 a remarkable improvement upon that of the preceding ten years, but there has never been a time since Lying-in Hospitals were first instituted—nearly a century and a half ago—when the work in their wards has been attended with anything approaching so small a rate of mortality as that which has obtained during the last eight years.

It is impossible to conceive a testimony more creditable to the medical officers and to the nursing staff of these charities than this—that their efforts have succeeded in establishing these institutions in a position more worthy of public recognition and support than they ever occupied before. Such

efforts are worthy of the cause in which they are made, and surely a better cause does not exist than the succour of indigent women at a time when they stand most in need of our warmest sympathies and of our kindest offices.

I cannot better conclude these remarks than with the expression of a hope that in future the work of these institutions will not be permitted to decline for want of funds, but that the measure of public support accorded to them will be ample for their maintenance on a scale adequate to the requirements of an ever-increasing population, and of what seems, unfortunately, to be an ever-increasing distress among the labouring classes, and in a state of efficiency not less high than that in which they at present stand.

Miss WILSON, Hon. Secretary of the Workhouse Infirmary Nursing Association, asked if it would not be possible for Lying-in Hospitals to lower their fees for midwifery training. The Association which she represented had, she stated, a constant demand for midwives for those country workhouses in which there was no resident doctor; but the fees charged at the principal Lying-in Hospitals prevented a very large proportion of suitable women being trained as midwives; they therefore took only a *monthly nursing* certificate, because the fees for that branch were much lower; but the market was overstocked with the latter class, while the demand for midwives was far in excess of the supply. The training at Liverpool and Manchester Workhouse Infirmaries was known to be excellent. In the former institution no midwife received a diploma who had not personally attended seventy cases, the number occasionally rising as high as 110. The fees at these infirmaries, including board, lodging, and washing, were only £10 and £15 respectively, for a course of three months' training. The vacancies were, moreover, all filled long beforehand; but the Association had, through the kindness of the Guardians, obtained training at the Kensington Infirmary—one of the few infirmaries, so far, in London, which gave the benefit of training to outside pupils in its lying-in wards.

Miss R. PAGET expressed her concurrence in the views of Miss Wilson, and referred to the effect of a draft bill for the registration of midwives, which had already received the

attention of many medical men, and which would probably be of great service in the future, in lessening the evils caused by unqualified women practising as midwives.

Mr. FITZROY GARDNER (Secretary of the British Lying-in Hospital) pointed out that the midwifery pupils' fees were an important item in the hospital receipts, and that the hospital could hardly be called upon to sacrifice a portion of its income in the interests of pupils who could not afford to pay when others were willing to pay the fee asked. He suggested that money might be raised locally where it was found advisable to train as a midwife a woman who was unable to pay the fees. Referring to Mr. Ryan's paper, he was unable at the hospital he represented to associate the improvement in the death-rate with the introduction of a Resident Medical Officer. At the British Hospital, where there was no such officer, the matron had proved what a woman could do in midwifery without medical supervision. The death-rate had been on the decline almost ever since this lady was appointed, and during the past ten years the deaths had been only one in 130 cases. This was due, no doubt, to the care with which she had carried out the Lister system under the directions of the visiting physicians, and had watched the temperatures of the patients. He felt bound to call attention to this fact, in justice to those highly intelligent and painstaking women who had in recent years adopted the calling of midwives. He believed that, so long as a midwife knew when a case required medical attention, and did not attempt to affect medical knowledge, the calling was one eminently suited to her sex. Male students were not admitted to the British Lying-in Hospital, partly because it was thought that many subscribers would object to only a change in the system, and partly because there was no room for both men and women students. Mr. Gardner also spoke on the importance of legislative measures to ensure the proper examination and registration of midwives, and quoted an instance of a small hospital for women giving a certificate of efficiency in midwifery to those who had only delivered some three or four cases. He urged those present to use the best endeavours to make it known outside the meeting how urgent a question this was.

Mr. H. C. BURDETT pointed out that medical students had few opportunities to qualify themselves for the work which would be entailed upon the house-surgeon of a lying-in institution, and that for this reason, except in a few cases, where special training and experience had been obtained, a trained and certificated midwife might well be placed in charge of these small hospitals. It was essential that this class of hospital should contain but few beds, and the absence of a house-surgeon had the advantage of ensuring that the honorary medical officers must be regular in their attendance, and devoted to their work. He pointed out that the mortality statistics quoted by Mr. Ryan referred chiefly to a period when the sanitary condition of this class of hospital, and especially that of Queen Charlotte's Lying-in Hospital, left much to be desired, and the statistics of the last few years would show totally different results from those brought out in the paper. Mr. Ryan, as a late officer of Queen Charlotte's Hospital, not unnaturally held a brief for that institution, and it was desirable, therefore, to point out a serious omission in the paper. It would have been more satisfactory had he shown the infant mortality, which was stated to be higher at Queen Charlotte's than elsewhere. Alluding to the remark of Miss Paget on registration, Mr. Burdett stated that it would be a bad day for nursing should it ever come to pass that there was only one register. Indeed, the registration of nurses was a two-edged weapon which might cut more ways than one. It was satisfactory to know that the managers of the Nurses' Training Schools throughout the country were fully alive to this danger, and that there was a general feeling in favour of each school examining and registering its own nurses, which would give the maximum of protection to the nurses and the public. It would not be fair for the nurses of a leading school to be rendered liable to suffer discredit from the action of the least reputable, as they most certainly would do, should registration ever take the form of an independent and separate organisation, distinct from the Nurses' Training Schools. Let each hospital register its own nurses, and send them out to nurse the public, who would thus learn to

appreciate the difference between sound training and the reverse.

Dr. GRIGG summed up the discussion. He said that if the Midwives Bill were to become law, the fees paid by midwives would probably be reduced. He deprecated Miss Wilson's advocacy of the penal clauses, as he held that stringent legislation of this character was opposed to the feeling of Parliament, and that the Bill would be imperilled if this clause were made too drastic. He suggested that they should be left out of the Bill altogether, because he was certain that the necessary discipline could be enforced afterwards by private pressure. He compared the work of Queen Charlotte's to that of the City of London Lying-in Hospital as proof positive that a house-surgeon was essential to successful treatment. All the house-surgeons at Queen Charlotte's Hospital had been men of large capacity and great experience, and he did not know of an instance where a house-surgeon had been appointed unless he had had special experience in this branch of the profession.

Mr. RYAN, in replying to the principal points that had been raised in the discussion, said: With respect to the question of the high fees charged by the hospitals, which was raised by Miss Wilson, and as to whether it was absolutely necessary that they should remain so high, he considered that, so far as Queen Charlotte's Hospital was concerned, at any rate, it was largely a question of supply and demand. They provided a high-class training, and looked at from that standpoint the fee was not too high. That this was so, was evident from the fact that there was never any difficulty in keeping the number of pupils up to the standard for which provision had been made. Of course, if they measured the fee against the pockets of the worst-off of would-be pupils, no doubt it would be called too high, but that did not constitute evidence that it really was excessive. The same argument might be applied to school fees. If parents sent their children to high-class schools they would have to pay commensurate fees, and the fact that the charge was beyond their means proved simply that they must send them to a less high-class establishment. This was exactly how the hospitals stood in the matter, and he could see no

reason why the fees should be reduced ; nor, from his knowledge of the governing bodies, could he hold out any prospect that they would.

With respect to the doubt felt by Mr. Burdett as to the necessity for a Resident Medical Officer, and his expression of opinion that women should attend women, and that a skilful midwife could do all that was required between the visits of the Visiting Physicians, he said that, on the point of the desirability of women attending women, Mr. Burdett could not have a warmer supporter than himself ; and he wished to point out that, in the case of normal deliveries and uninterrupted convalescence, this is practically what obtains in Queen Charlotte's, where the patients are delivered by a midwife, and are nursed throughout their lying-in by the sisters and nurses under the direction of the Visiting Physicians. It is in bad cases and complications, of which there are so large a number in Queen Charlotte's Hospital, illness among the children, etc., etc., that the "women attending women" theory is departed from, and where it *must*, in his opinion, be departed from, so long as the women are only midwives—however capable as such—and not qualified medical practitioners. The treatment of these emergencies—numerous out of all proportion compared with private practice, for the reasons pointed out in the paper—is not a matter that can be committed to the mere midwife, who has had no medical training, and who is, therefore, absolutely unqualified for the duty. He also thought a midwives unqualified to look after the sanitary arrangements of a hospital of fifty beds, since their knowledge of sanitary science is about on a par with their acquaintance with Locke's *Doctrine of Ideas*. He further considered that the daily visits of the Visiting Physicians by no means meet the necessities of the case, as in his own experience it had frequently been necessary for the Resident Medical Officer to be in constant attendance on a bad case for two or three days together—a thing manifestly impossible for a physician living a couple of miles or more from the hospital, and having a large private practice to attend to.

With regard to the remark that the actual figures would disclose results different from those brought out in the

paper, he had the figures in his hands, and would append them to his paper for publication. He would not, therefore, further refer to the matter.

Regarding the remark that it would have been more satisfactory if he had given particulars of the infantile mortality, he wished simply to say that he did not think so. The death-rate among the infants involved questions which it would be most undesirable to go into before an audience principally composed of non-medical persons; and, moreover, he, as a layman, was totally unqualified to discuss it. Furthermore, though important, it was not of that great consequence that the maternal mortality was. The death-rate of mothers, in the judgment of those he had mentioned, and indeed of most persons, was the point upon which depended, in a great measure, the right of Lying-in Hospitals to exist. That was why he dealt with it. It was, as he had said in his paper, the one consideration which moved him to write it at all. The infant mortality question was extraneous to his purpose, and was, moreover, for medical men to argue.

Proposed by Mr. Burdett, seconded by Dr. Griffith, and resolved unanimously—"That the best thanks of this meeting be given to the Board of Governors of St. Mary's Hospital for kindly allowing the use of their Board-room for the meeting."

A cordial vote of thanks to Dr. Grigg for presiding, proposed by Mr. Michelli, seconded by Mr. Hunt, brought the proceedings to a close.

Comparative Table of the Mortality in Metropolitan Lying-in Hospitals, 1870-1887.

Year	BRITISH.			CITY OF LONDON.			GENERAL.			QUEEN CHARLOTTE'S.			TOTALS.		
	No. of Patients.	Deaths.	Rate per 1000.	No. of Patients.	Deaths.	Rate per 1000.	No. of Patients.	Deaths.	Rate per 1000.	No. of Patients.	Deaths.	Rate per 1000.	No. of Patients.	Deaths.	Rate per 1000.
1870	136	4	29.4	327	13	39.7	341	2	6.	484	6	12.4	1288	25	19.4
1871	153	8	52.3	460	4	8.7	297	1	3.4	452	7	15.2	1362	20	14.7
1872	226	6	26.5	421	2	4.7	311	..	..	433	12	27.7	1391	20	14.6
1873	195	1	5.1	403	8	19.8	314	5	16.	416	15	36.1	1328	29	21.8
1874	172	3	17.4	425	7	16.4	278	2	7.	443	9	20.3	1318	21	15.9
1875	144	..	..	400	5	12.5	264	6	23.	394	9	22.8	1202	20	16.6
1876	155	1	6.4	408	9	22.	293	3	10.	416	19	45.7	1272	32	25.1
1877	158	8	50.6	406	9	22.1	63	9	14.3	466	6	12.9	1093	32	29.2
1878	158	..	..	..	..	..	†	†	†	592	9	15.2	750	9	12.
1879	169	1	5.9	287	1	3.4	14	†	†	333	16	48.	803	18	22.4
	1868	32	18.2	3537	58	16.4	2175	28	12.9	4429	108	24.4	11,807	226	19.1
1880	139	3	21.6	383	12	31.3	230	3	13.	602§	2	3.3	1354	20	14.7
1881	160	1	6.2	415	8	19.2	172	..	..	669	10	14.9	1416	24	16.9
1882	172	1	5.8	160	8	50.	325	3	9.2	692	10	14.4	1349	22	16.3
1883	168	1	6.	261	10	38.3	342	3	8.8	663	9	13.6	1434	23	16.
1884	132	2	15.1	274	6	21.9	334	1	3.	775	5	6.45	1515	14	9.2
1885	151	1	6.6	259	5	19.3	395	4	10.1	857	6	7.	1662	16	9.6
1886	162	1	6.2	283	3	8.4	383	1	3.4	885	8	9.	1713	14	8.1
1887	150	1	6.6	356	1	2.8	404	1	2.5	962	2	2.1	1872	5	2.6
	1234	11	9.	2391	53	22.1	2585	16	6.1	6105	52	8.5	12,315	138	11.2

* Closed. † Closed from September. ‡ Closed till October. § Six months. ¶ Nine months.

Pamphlet No. 7.

The Hospitals Association.

REGISTRATION OF TRAINED NURSES.

REPORT OF THE JOINT SECTIONAL COMMITTEE ON REGISTRATION.

Adopted by the Council 28th March 1888.

LONDON :
WHITING & CO., 30 AND 32, SARDINIA STREET, W.C.

REPORT OF THE JOINT SECTIONAL COMMITTEE ON REGISTRATION TO THE COUNCIL.

THE Joint Committee of The Hospitals Association appointed to consider the question of a system of registration for qualified nurses, begs to submit to the Council the following report : —

Your Committee considered that the first step towards a right knowledge of the subject was to make a formal inquiry into the practice and wishes of the various nurse-training schools in London and throughout the country, with the view of eliciting whether they were desirous of establishing a collective Register; and, if so, to state the length of the curriculum, the syllabus of education, and the character of the certificate which they deemed necessary to qualify a nurse before her name should be entered on the proposed Register. To obtain the fullest information on these and other incidental points connected with nurse-training, the Committee put itself in communication with thirty-four establishments in England and Scotland, which profess to educate nurses. Of this number, twenty-four were associated with medical schools, seven were ordinary Medical and Surgical Hospitals, and three were Union Infirmaries. Eight of the hospitals communicated with have taken no notice of the application; one curtly refused to have any thing to do with it; six acknowledged receipt, with a promise that the document should receive consideration; nineteen, comprising seventeen large hospitals and two Union Infirmaries, have contributed more or less information. The questions were addressed through the Secretaries to the Chairmen of the House or Nursing Committees of the respective hospitals; and it may be fairly assumed, since some of the questions relate to matters outside domestic

management, that difficulties and delays in answering them have arisen, from the desire, on the part of the committees, to consult the superintendents of nurses and the medical authorities of the hospitals on the subject. Some of the answers are simply the individual opinions of the matrons, or of medical superintendents, or of some prominent member of the medical staff of the hospital ; and may, or not, be those of the committees of management who, as a rule, are unwilling to pledge themselves to any special course of action. The doubtful character of many of the replies to the questions, and the entire absence of any reply at all to others, indicate considerable divergence of opinion among the authorities consulted, and all tend materially to increase the difficulties surrounding the subject.

Question I. Do you consider a general system of registration desirable for qualified nurses ? may be viewed as a key to the whole series, for it would naturally follow that in the case of a direct negative there would be no occasion to enter any reply to the others. Rather less than one-half of the replies are in the affirmative, while the bare majority comprising, however, the leading and best known training-schools desire to be let alone. The grounds of the latter for this opinion are based on the facts that each has established a register of its own to meet its special requirements ; that they would lose rather than gain by any system partaking of amalgamation ; and that the time has not arrived for a central organization to be delegated with authority to control the action of the various bodies, commercial and charitable, entrusted with the management of nurses. There is every reason to believe that the following training-schools concur in these opinions the Nightingale Fund Committee associated with St. Thomas's Hospital and other institutions, the London Hospital, Guy's Hospital, St. George's Hospital, Westminster Hospital, King's College Hospital, together with the Royal Infirmaries of Manchester, Liverpool, Glasgow, and Edinburgh. It is highly probable also that many of the hospitals which have not yet answered the questions addressed to them, have refrained from doing so from an unwillingness to entertain suggestions which would interfere with their local organization.

Questions II and III have reference to the central agency through which registration ought to be organized, should the answer to Question I be in the affirmative. Five of the institutions declare for the General Medical Council for Education and Registration, four for a separate organization associated with the training-schools, and two with The Hospitals Association. Failing the Medical Council undertaking the duty, two of the above would prefer The Hospitals Association, two a separate organization, and one the British Nurses Association if it was properly constituted.

Question IV refers to the length of the curriculum considered desirable for a nurse to undergo prior to her having her certificate, or her name entered on the proposed Register. Here opinions vary very much. Nine think that a nurse should serve three years before being certified, four consider two years sufficient, three suggest that each should serve one year's probation and one year as nurse, and one only would limit the time to one year.

Questions V and VI relate to the instruction given to the nurse-pupils during their term of probation. Oral instruction by means of lectures and demonstrations appears to be carried out in all the institutions which have responded, with the exception of two, and considerable stress in two instances is laid on the expediency of the tuition being followed up by practical demonstrations from a female instructor. The nurse's knowledge on the subject of lectures is tested in about one-half of the replies to this question; but the remark is appended in more than one case, that it frequently happens that those who distinguish themselves most by answering questions turn out to be the least efficient nurses. With regard to the amount of instruction, opinions vary, but the majority consider that lectures on medical or surgical subjects should be given once a week, apart from the practical instruction the probationer receives from the head nurse or sister of the ward.

Question VII alludes to the terms employed in the nurses' certificates, with the view of obtaining greater harmony, and, if possible, uniformity. At the present time considerable diversity exists in the wording of the certificates, and several of the provincial hospitals consulted are ready to alter the

terms used should a uniform standard be adopted. In a very few, the length of service only is stated; others append to the period a commendation to the effect that the nurse has performed her duties "to the satisfaction," or "to the entire satisfaction" of her employers, while the majority express approval by varying terms ranging from "highly satisfactory" to "tolerably good." In a few instances space is left for any remarks it may be thought necessary to add. The Nightingale Fund Committee have not hitherto issued certificates to their registered nurses, but are contemplating the expediency of doing so.

As to Question VIII, which refers to the persons authorised to sign the certificates, there is a general agreement; for, with the exception of the Edinburgh and Glasgow hospitals, where the medical superintendents sign in the name of the governing bodies, all the others append three signatures, comprising that of the matron, a representative of the medical officers, and the Chairman of Committee. In most Provincial Hospitals, the house-surgeon signs as the representative of the medical authorities, but in the London Hospitals this duty is done usually by one of the medical instructors.

It is manifest to your Committee that the obstacles in the way of organising a general system of registration increase with the knowledge possessed of the working of the various institutions in which nurse-training is carried on. It is equally evident that, unless there is a general unanimity among the training-schools as to the basis on which such a system can be inaugurated, any attempt to form a voluntary Register must necessarily prove a failure, while, in the present progressive condition of the nursing question, legislative interference would be attended with disastrous results. The fact that most of the large hospitals, some of which have long been known as pioneers in the movement for the better education of nurses, disapprove of an innovation, which they honestly believe would in a manner dissociate the nurse from her parent school, practically settles the question. A central organisation, possessing a separate jurisdiction, cannot fail more or less to affect the individuality, the healthy rivalry, and the *esprit de corps* which

characterise the members of the best training-schools, by reducing them to a dead level with others, which are far from possessing the same advantages. It is to the manifest benefit of every hospital to be able to adapt its training, certificating, and registering, to meet its own local requirements, and the nature of the duties the nurse may afterwards be called on to perform when she leaves the service of the hospital.

If your Committee's inquiries have not been fortunate enough to elicit a consensus of opinion with regard to collective registration, they have been eminently useful in showing the necessity of every hospital possessing a Register of its own, formulated on a principle of easy reference comprising the length of the curriculum, with the individual attainments of each of its nurses. The certificates awarded, it is needless to say, should be verbatim copies of the terms employed in the Register, whether the curriculum has extended over one, two, three, or more years. Such appears now to be the practice in the best training-schools, and it is hard to believe that it can be surpassed by a collective registration. The results of the inquiry all tend to confirm the opinion that it would be premature on the part of the Committee to recommend to the Council a common basis on which a general system of registration for nurses should be framed, however advisable it may be for every hospital, being also a nurse-training institution, to amend and consolidate its own educational training in keeping with the improvements which of late years are well known to have been introduced into most establishments of this character.

Signed on behalf of the Joint Committee on Registration,

J. C. STEELE,
Chairman.

Adopted by the Council of The Hospitals Association,

J. S. BRISTOWE, M.D., F.R.S.,
28th March, 1888. *President.*

*Copy of Circular conveying questions referred to in
the Report.*

GUY'S HOSPITAL,
16th January 1888.

To the Chairman of THE HOUSE OR NURSING
COMMITTEE of _____

DEAR SIR,

In my capacity of Chairman of the Registration Committee of The Hospitals Association, I have been requested to confer with the representatives of the governing bodies and heads of the nursing departments of the various Nurse-training Schools in London and the Provinces, to ascertain whether they are prepared to co-operate in the adoption of a scheme of registration for qualified nurses, embracing uniformity of training and management as regards (1) the length of the curriculum necessary before a nurse can be considered eligible for a certificate; (2) a syllabus of education; and (3) the character of the certificate which should be considered indicative of efficiency.

To obtain the fullest information on these points, as well as others, I have tabulated a series of questions on the next page, answers to which I will feel obliged by your filling in, with the assistance of those to whom the nursing in your hospital is entrusted. Please to forward the half-sheet of questions and answers to my address as above, with any remarks you may wish to make on the subject.

I am, dear Sir,

Yours faithfully,

J. C. STEELE.

QUESTIONS.

1. Do you approve of a general system of registration for qualified nurses?

2. If so, do you desire that the register should be under the control of the General Medical Council, or under a separate organisation?

3. Should the Medical Council decline the proposal, would you prefer the register being established in conjunction with those Hospitals which have Nurse-training Schools attached to them, or with The Hospitals Association, a Company which possesses an office and a paid secretary?

4. State the length of time you consider a nurse should be employed in a hospital, infirmary, or in a nursing institution, more or less connected with them, before she should be entitled to a certificate of efficiency, or, in other words, before having her name enrolled on the proposed register?

5. Is it the case in your hospital (apart from the practical instructions obtained in the hospital wards) that a nurse attends lectures in the hospital on subjects connected with her vocation, and that her knowledge is tested by examination? If not, do you think it desirable?

6. What do you consider the minimum amount of oral instruction that might be considered necessary in the training of a nurse, and that should be sufficient to meet the requirements of the proposed register?

7. What are the terms used in your certificate descriptive of a nurse's efficiency? For the purposes of uniformity, have you any objections to other terms being employed to meet the recommendations and requirements of the Council to whom a scheme of registration may be entrusted?

8. If it is not the practice at your Hospital to have the nurse's certificate signed by the chairman of committee, by a representative of the medical authorities, and by the matron or superintendent of nurses, do you see any objection to the same being done, if thought necessary, to meet the requirements of the register?

9. Would your committee of management appoint a lady or gentleman, or both, to represent the interests of your nurses in connection with the present movement to establish a register? If so, would you kindly furnish me with their names and addresses, that they may be communicated with?

Pamphlet No. 10.

HOSPITAL EXTRAVAGANCE AND EXPENDITURE.

BY
P. MICHELLI,

SECRETARY TO THE SEAMEN'S HOSPITAL SOCIETY, LATE SECRETARY TO
ST. MARY'S HOSPITAL.

LONDON :
WHITING & CO., 30 AND 32, SARDINIA STREET, W.C

1888.

HOSPITAL EXTRAVAGANCE AND EXPENDITURE.

It has been my fortune to be a resident in two of the most important Metropolitan Hospitals altogether for a period extending over eleven years. During that time I have endeavoured to acquire as deep an insight as possible into the working of the great British System of Hospital Relief. I cannot, of course, claim the experience of others much older in the hospital world than myself, some of whom I have for years regarded as examples worthy to be followed by all younger men. But I trust that those gentlemen, two at least of whom I see before me, will give us the benefit of their riper knowledge, and that this meeting may be the keystone of some reform tending to greater uniformity of method and largely increased efficiency in the future.

The subject of Hospital Extravagance may be dealt with under two heads: first, Direct, and secondly, Indirect. Direct extravagance is to be found in most hospitals. It is equivalent to wilful waste. This is an assertion which no man has a right to make unless he is prepared to prove it. In proving a case of this kind we must have some reasonable standard of comparison. Such a standard may be found in any well-conducted house of business, or in the domestic arrangements of any man of moderate means, whose interest and conscience alike impel him to spend his money to the best advantage. When those who spend the money of hospitals spend it with less care, with less regard for the full purchasing value of it than the man of business, or the honest and strictly economical private individual, they are guilty of direct extravagance. In most institutions there are so many managers and so much distributed

authority that consistent administration is seriously hampered. The variety of management arises, to a great extent, from the nature of the work to be done, and is in many instances inevitable. It is for us to consider what means may be adopted, without affecting the efficiency of the institutions, to lessen the existing evil.

I fear I cannot fully speak my mind without hurting the susceptibilities of some of those who are responsible for the authority above mentioned. I consider that this is one reason why we have not hitherto heard much on the subject of Hospital Extravagance from a Hospital Manager's point of view. In fact, I know of one most competent to give an expression of opinion, who has declined to do so, giving as his reason that if he stated all he knew he would bring about his head such a storm as would make his life a burden to him for the rest of his days.

Much waste in hospitals appears under the heading of Medical Sundries and Extras. No hard and fast rule, as in the case of diets, can be laid down for the issue of these articles: this must depend on individual opinion and the exigencies of each case; but when any of these articles are required, the order has to pass through the hands of a number of persons. Each of these has widely different interests, and if we explain those interests our view of the matter will perhaps be more clear.

To take the Honorary Medical Staff first. A physician or surgeon's chief care is of course his patients, and his second his pupils. It cannot be wondered at, with this twofold object in view, if it does not always occur to him to consider the hospital and its supporters as well. Few busy physicians or surgeons have time to see all their cases at every visit; and so to a large extent they depend on the Resident Medical Officer. This officer is often a youthful fledgling, weighed down with the burden of dignity which has been conferred by the examining bodies and his Alma Mater. He can have had but little time to look upon hospitals from a financial point of view. His interests are, and well they may be, to let his senior officer see with what care and skill his instructions are carried out, and to impress upon second and third

years' men, sisters, nurses, and others, a sense of the proud position to which he has attained. This *esprit de corps* in the younger members of the profession accounts, in no small degree, for the high standing and self-esteem that have raised the followers of Æsculapius in our own day to the foremost rank among men. But however valuable to the profession this spirit may have proved, it is certainly not conducive to economy in our hospital expenditure. There are few people, except perhaps sisters or head-nurses, who look upon hospitals as mines of wealth. They, however, in many cases do so regard them. Economy, therefore, is seldom their leading thought, but rather to have everything as nice as possible in the wards, in order to earn the esteem of the staff, the friendship of the Resident Medical Officers and dressers, and to become popular with the patients. What wonder is it, then, that the sister, who is clever, accomplished, and a good nurse, often says a word to the Resident Medical Officer in favour of an extra egg for this patient and an extra sole for that, or an ounce of port for this woman and grapes for that child?

I would not for one moment say that any young medical man ever was under the sole influence of the sister of a ward, but it is a fact that a change of medical officers rarely makes any difference in the quantity of extras, etc., used in the ward, though a change of sisters almost invariably does. And so it is found in one ward there are extras to any extent, while in the next it is the exception; one ward is high in alcohol and another is not. Yet, when you analyse the circumstances, you find about the same cases in each ward, attended by the same members of the staff, who have each about an equal number of patients. It is not an unfrequent thing at some hospitals for the Board to order that a letter be addressed to the members of the staff pointing out the large consumption in some particular article, with the common result that the following week the consumption of that article is reduced by half. The inference to be derived from this is, either that the staff have withdrawn something from their patients that they consider necessary—an hypothesis which is absurd; or else that some

patients have been put and kept upon certain extras longer than was necessary. It is only by this system of gentle tactics that a good hospital manager can keep extras in anything like check. If the Board interferes roughly and issues an order, the result is a passage of arms between the staff and the governing body. In such a case the staff almost invariably comes off best, because they can always fall back on their technical knowledge, and affirm that they consider such and such a thing necessary—assertions which it is impossible for anyone else to contradict; at any rate with impunity.

I think I have said enough to show in what way the “extra” question helps to drain the resources of a hospital. I will now touch on a point which perhaps is dangerous ground for a layman, but which I have no doubt will appeal to the consciences of many medical men. In the circumstances here considered the surgeons are the chief offenders. I would like any of my hearers to compare the manner in which a surgeon performs an operation in private, and the way in which he does it in the hospital theatre. There, surrounded by a group of admiring students, fenced in by dressings of every kind, with expensive knives, instruments, and appliances—which, by the way, he is almost always grumbling about—he is a perfect Cæsar among his generals and inferior subordinates. Contrast with all this the meek and modest articles produced for a private operation from the little case which is carried in the well-known black bag. I have pointed this out on many occasions, but the answer always is that “students must learn the latest methods of treatment”, “students must not learn to be stingy”, and so on. But I contend that, if such is the reason, if the costly paraphernalia is educational, and not only for the benefit of the patient, then the medical school ought to supply these extra dressings and expensive instruments, just as costly instruments and appliances are supplied in the physiological and pathological laboratories of the medical school, they being always purchased and paid for out of school funds. But for my part I never could understand why a young medical man should be brought up to perform operations at

the hospital in a way that he will be unable to follow when he goes into private practice. As a matter of fact, physicians and surgeons seldom possess a great knowledge of business ; and, what is more, they seem to pride themselves on the fact.

In the Domestic Department of a hospital much can be done to curtail expenses by clever and conscientious stewards and matrons. In the course of a year hundreds of petty expenses may be avoided by watchful management. Of course there will always be variety of circumstances. Some buildings, for example, will necessarily be more costly to maintain than others. But, with proper supervision of the kitchen and the food of the officers and servants, a very great deal may be done in the direction of much needed curtailment of expenditure. So much for my first division—Direct Extravagance. One might go much further into the matter and point out many ways in which the petty expenditure mounts up unduly, but I think I have said enough to indicate the direction in which the new broom of economy may properly sweep.

I have now to turn to what I have called “Indirect Extravagance.” This is, in my mind, much the greater evil of the two. I say “indirect extravagance,” and under this heading is included money that is ostensibly given to charity, but which may be said never to reach its proper destination. This kind of extravagance occurs entirely in the department of management, those responsible for it being not the officials but the managers of the charity. I refer to the enormous sums spent in raising money for charitable purposes. In many instances from 25 to 50 per cent., and even more, is expended, and those who subscribe their money are in utter ignorance that only ten shillings of the sovereign reaches the poor for whom it is intended. What makes this worse is, that often no mention of the fact is made in the Annual Report. For, incredible as it may seem, the cost of collection, printing, stationery, commission, and advertising, which eats up half of the money, is, in some instances, deducted from the total amount collected, and only the balance is placed to the credit of the charity. Even when this is not

done it is hard to find out in looking through a report how much is spent in raising money. The chief item is advertising, and I doubt if there is one subscriber in ten thousand who could tell you off-hand if the charity he subscribes to is spending an ordinary amount on advertising, or, for the matter of that, of any other single item of expenditure. It is very certain that there are many hospitals whose accounts would show to great disadvantage if clearly and comprehensively laid before the public. While one hospital spends five shillings per occupied bed on advertising, another, less conscientious, spends about five pounds.

Cost of Advertising per Occupied Bed in Ten Hospitals during 1887.

Ref. No. of Hosp.			£	s.	d.
73	...	..	4	15	8
71	...	...	3	15	11
47	...	...	3	1	6
31	...	...	2	0	5
51	...	...	1	16	5
17	...	...	1	2	4
19	...	...	0	19	5
79	...	...	0	11	1
7	...	...	0	7	6
11	...	...	0	4	6

But in looking through the report there is nothing to tell you which spends five shillings and which twenty times five.

Next to advertising is printing, stationery, and postage. There seems to be as much downright recklessness over this in the Secretarial Department as there is over surgical appliances and extras in the Medical Department.

Cost of Printing, Stationery, and Postage, per Occupied Bed in Ten Hospitals during 1887.

Ref. No. of Hosp.			£	s.	d.
99	...	...	5	5	5
45	...	...	4	15	9
67	...	...	3	17	0
79	...	...	2	10	4
17	...	...	1	8	2
23	...	...	0	14	4
35	...	...	0	11	5
191	...	...	0	7	7
213	...	...	0	5	6
209	...	...	0	4	3

I must not, however, pass over an item of expenditure that is at present a source of much abuse. I refer to commission

to collectors and canvassers. In the large medical charities most collectors and canvassers are paid by commission. The rate, as a rule, varies from $2\frac{1}{2}$ to 5 per cent. ; and this method is probably as good as any, while the rate of commission is so restricted. It stimulates the collector to action, and has the advantage of being on a sliding scale. But at some of the smaller and special hospitals there seems to be no limit to the commission which may be given. A collector to several charities told me only a month or two ago that he had been offered no less than 40 per cent. on new money if he would canvass for a particular small special hospital. He did not accept the offer ; but there can be no doubt that someone else did, and is now receiving the 40 per cent. I do not suppose subscribers to this charity know that only twelve shillings of every pound they contribute reaches the hospital, whilst no less than eight shillings sticks to the collector's palm.

In the case of money raised by bazaars, fancy fairs, and other such means, even a smaller percentage reaches the institution. This, perhaps, cannot be avoided, when the bazaar is got up by friends of the hospital, quite distinct from it ; but it is more than doubtful economy when such entertainments are promoted by the administrative body. I must include in indirect extravagance the maintenance of special hospitals. But before going further I would say one word on this vexed question. In my mind the country owes a debt of gratitude to special hospitals for their past work. They are now, however, greatly abused ; and many of them might with advantage be done away with.

The first special hospitals were founded when the general hospitals had no special departments ; and even now there are small general hospitals that are unprovided with special departments. This is notably the case with skin disease and phthisis. Until these anomalies are removed we cannot condemn special hospitals altogether. It will no doubt be argued that general hospitals treat all classes of disease. But that is not to the point. For instance, there are certain skin cases that ought not to be treated in the general ward of a hospital under any circumstances ; and for clinical

and educational purposes it is of great import that special classes of diseases should receive attention at the hands of medical men who have devoted themselves entirely to those particular branches of science and practice. I think it is admitted by the medical profession that it has been in this way that some of the most valuable discoveries have been made for the alleviation of suffering and for the advance of practical medicine. But what is grievous to see is a small special hospital established within a few hundred yards of a large general hospital, in the former of which there are fewer beds altogether than there are beds allotted to the particular speciality in the general hospital close by. The maintenance of a bed in the small hospitals is often fifty to seventy-five per cent. greater than in the large one; and I maintain that every penny in excess so spent is wicked extravagance and waste. These little charities divert funds from the great institutions, and so a smaller number of sick can be treated. A few weeks ago the *British Medical Journal*, in writing of a new special hospital, said: "It belongs to a most objectionable class of enterprise, and will only add to a series of so-called 'charities', which are often found to serve quite other than useful public purposes, and whose histories are apt to be fertile in scandals. It is, we believe, the general opinion of the profession that, if half the throat, skin, ear, and rectum hospitals and dispensaries in the kingdom were to be closed to-morrow, the public would not be the losers; the general hospitals, which greatly need support, would largely gain; and the cause of legitimate medical education and medical treatment would be advanced, while a good many serious sources of offence to professional sentiment would be removed."

I will now say a word or two about hospital accounts generally. Does not their publication at present almost amount to a farce? The items of expenditure are jumbled up together in a way that would confuse anyone. Investments are put down as expenditure; certain receipts are not included under income, but are placed to a separate account; convalescent and Samaritan funds are often mixed up with other moneys. In one large London hospital this is carried to

such an extent that the accounts are divided into no less than eleven different statements. I waded through these for some time, but had to give it up, no definite deduction being in the least degree possible. Some hospitals publish no regular income and expenditure account ; others publish such accounts, but omit the balance sheet ; whilst others again mix income and expenditure sheet and balance sheet together, forming a species of account that can only be intelligible, if at all, to the innermost recesses of the author's own mind ; and very few publish any capital account at all. Almost all, however, make a statement that the cost per bed occupied has been so much ; though not in one single instance have I been able to work out the figures. Something has been deducted or added to suit the taste of the official who prepared the statement, or of the manager he serves. The most general effect that seems to be striven for is to manufacture a deficiency when there is not one. The object of this is to make the accounts look as if the charity were in debt, and this is done in order that a piteous, but lying, appeal may be made to a sympathising but uncritical public. This is the reason we frequently find so many accounts in one report. Legacies are placed to one account, so are certain donations, so are separate collections, and in other ways the requisite deficiency is manufactured. How many persons understand an annual report ?

For my part I have gone through this year some 200 reports, making careful extracts, and trying to glean some information about the charities to which they refer ; and with a result which, so far as knowledge was concerned, was in a large number of cases almost *nil*. If I, who for a period of eleven years have been thoroughly conversant with charity accounts, and with the administration and financing of hospitals, find a difficulty in gaining information, how much greater must be the difficulty of the ordinary subscriber, who has not studied the subject, but who gives his money with a cheerful confidence which is as beautiful as it is blind. As a rule he is absolutely in the dark. He has no means whatever of judging whether the charity is worthy of support, or whether it is carried on at a rate of

expenditure which is both reckless and ruinous. How few charities there are in which the subscription list is ever added up! But without this who can tell if all the subscriptions have been carried to account, or if deductions have been made before the figures appear in the table of income and expenditure? At present there is no system whatever in publishing the accounts. The secretary or manager does just what he likes.

I was talking to a secretary of a London hospital the other day, a man of long experience. He was just making up his annual report, and we were discussing Domestic Expenses. I noticed that firewood was not placed under this head, and pointed it out to him. "Oh!" he remarked, "one of my committee is always down on Domestic Expenses, and grumbles if they are high, so I have had to put firewood in Incidentals."

One of the gravest defects in hospital administration is the audit. This is one of the most perfunctory acts that can be imagined. As a rule, a young clerk is sent by the paid accountant (I have known it to be the first time he had ever seen hospital books). He checks the counterfoils of the receipt book, checks the vouchers with the cash-book, asks all manner of questions for his guidance in auditing your books, takes about three days to do them, and invariably passes the manufactured deficiency as correct. The ten guineas paid for audit might be saved to the charity, but that the public look for the magical signature, and imagine that a thorough investigation has been made. In some instances the auditor is not paid; and I have known a governor appointed as auditor to a charity who actually did not know the debit from the credit side of the cash-book. The secretary very kindly stood at his elbow to enlighten his darkness—when it was quite convenient to do so. Audit by an accountant is good so far as the checking of the work done is concerned; but if undue expenditure under any particular head is to be pointed out; if extraordinary poundage is to be checked; if improperly arranged accounts are to be set right; if the public are to be sure that all receipts are carried to account; in fact, if a uniform and

efficient standard is to be maintained, the audit must be under the supervision of some disinterested person who is conversant by long experience with the internal working and intricacies of charity administration.

For this reason, the best system is now found at those hospitals which are fortunate enough to have among the governors one who has special experience and knowledge of hospital matters. This governor is associated as auditor with the paid accountants. No alterations are permitted without his sanction, and a very thorough check is thus kept on the published statements of accounts.

The following table shows the difference of the cost per bed occupied in ten London hospitals during the year 1887:

Reference No. of Hospital.		Daily Average No. of Beds Occupied.	Average Cost of each Bed Occupied.*			Average Cost of each Bed Occupied.†		
			£	s.	d.	£	s.	d.
7	...	644	61	18	3	71	19	0
297	...	417	72	1	9	75	11	7
27	...	277	78	12	5	97	8	6
17	...	238	83	16	3	111	11	9
21	...	242	73	15	3	79	12	4
31	...	179	95	3	4	107	11	6
29	...	151	102	15	11	167	14	7
33	...	172	65	11	5	71	13	1
49	...	125	92	1	10	100	4	4
219	...	135	71	19	0	80	13	5

As will be seen from the above, the cost per bed occupied varies from £102 15s. 11d. to £61 18s. 3d. in the one form of calculation, and from £167 14s. 7d. to £71 13s. 1d. in the other. This only deals with medical schools, and on further analysis, and working out the percentage under the following heads—Provisions, Alcohol, Domestic Expenses, Surgery and Dispensary, Salaries and Wages, Pensions, Repairs, and Incidental Expenses—it is found that one great cause of difference is in provisions. These vary from £16 7s. 1d. to £26 14s. 1d. per bed occupied, and the diversity is partly accounted for by the fact that the cheaper

* Calculated on the total expenditure less 1s. for each out-patient, and all extraordinary expenses.

† Calculated on gross expenditure.

hospitals do not provide their patients with several of the necessary articles of food—for instance, tea, butter, sugar, etc. ; while the more expensive hospitals give all these, besides a much more generous diet to both patients and staff. It would be only fair for those hospitals that do not supply their patients with every item of food to state the fact in their reports, but I have searched in vain for any allusion to the matter. It is objected by some that it is impossible to form a trustworthy opinion on the calculations of a single year, but if my figures are compared with the three years' average, compiled by a Medical Superintendent, and published in *The Hospital* on the 25th of August last, it will be found that for all practical purposes the one year serves as well as an average of three. For those hospitals with a high triennial average are high in the one year and in the same way all down the scale.

As regards provincial hospitals, the average cost per bed occupied in the provinces is £59 7s. 7d. as against £95 8s. 4d. in London. This is reckoned on fifty-seven provincial and twenty-one London general hospitals. The lower cost per bed occupied is occasioned by an evident sense of economy all round. No doubt many items under the heading of Provisions are much cheaper in the country, but we find the reduction all through, especially in Surgery and Dispensary, Salaries and Wages, and Incidental Expenses. These hospitals average much fewer beds in each institution, and therefore the small expenditure under the heads pointed out is the more to be commended.

Is it not time, I ask, that something was done to remedy this state of things? At one time I had great hopes that the Hospital Sunday Fund would have had power to effect some improvement, at any rate in the county of London ; but this hope has had to be abandoned. Whenever the Fund has attempted to interfere, jealousy has been at once apparent. There are so many collectors for this excellent Fund that the Council cannot afford to be very dictatorial. As soon as any innovation is threatened there is a universal chorus that the money is collected for the general welfare of the poor, and that if the point is pressed some particular

clergyman will withdraw his support ; and as the great feature and success of the Fund is its unity, the Council cannot afford to do much more than act as a central bureau, and see that the money entrusted to it is dispensed in a fair manner. It may be said with perfect truth that there are few bodies which have more fairly and faithfully carried out the trust reposed in them.

In a letter to the *Morning Post* a few weeks ago, J. H. L. suggested that the Charity Organisation Society should send a circular to charitable institutions asking them to allow their books and accounts to be inspected, with the view of a report on their general management being sent to persons who receive their appeals. Mr. Lock replied to this letter, pointing out that it would be impracticable for the Charity Organisation, which is an institution dependent, like other charities, on public support, to do this. There is no doubt that it would be resented by other charities if one of their number set itself up as censor over the others. The Charity Organisation Society has good and great work to perform, without entering on such a dangerous field of action as this.

In the year 1834 a Select Committee of the House of Commons recommended that the Charity Commission should be given power to audit the accounts of endowed charities. This power has not yet been given to the Commissioners, but it is to be hoped that when the matter comes again before Parliament, and if there is legislation on the point, the same protection will be afforded to the voluntary charities as to those that are endowed.

I fear that the only way in which matters can be bettered is by some such Government regulation forcing the charities to show their hand, and submit themselves to the candid criticism of a well-informed public. I know there will be indignation at the proposal ; there are such enormous numbers of persons interested. I must say it, that there are such enormous numbers of persons who could not afford that the glare of publicity should shine upon their works. It must be remembered, too, that in consequence of this, the difficulty of getting any legislation on the subject will be pro-

portionally great. The managers of those charities who like to go on their own ways will guard their supporters against what they will call interference, and this will constitute a serious and formidable opposition.

I maintain that there need be no vexatious interference, but only a just regulation for the protection of those charitable persons who support our noble institutions. The Charity Commissioners appear the most appropriate body to undertake the work ; and if they were given power to insist that every hospital should publish its accounts in a definite form, with the total and certain sections worked out at so much per occupied bed, an extract might then be published annually as a Blue Book, and anyone could compare at a glance the cost of maintaining the different hospitals. Almost every hospital pays from ten to twenty guineas per annum in auditors' fees. I think I have shown the futility of this ; and if that sum were instead handed to the Commissioners, they could undertake the audit on their own account, and with a regular staff do it thoroughly at a much less expense than is now incurred.

I would also suggest that all new hospitals should be licensed by the Local Government Board, or, better still, perhaps, by the newly constituted County Councils. That is to say, that when about to establish a hospital, the promoters should show cause for the necessity of such an institution before sanction is given to enable them to apply to the public for funds. This would not hinder private philanthropy, whilst it would prevent such anomalies as one now sees, viz., the establishment of small hospitals in the immediate vicinity of large hospitals, where special departments and special wards are allotted to almost every form of disease.

Pamphlet No. 11.

The Hospitals Association.

SOME PROPOSALS FOR CONTRIBUTIONS BY PATIENTS TO HOSPITALS.

 BY
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SOME PROPOSALS FOR CONTRIBUTIONS BY PATIENTS TO HOSPITALS.

WHEN I was honoured by an invitation from your President to read a paper before The Hospitals Association, on the subject of the Pay System in Hospitals, I looked about me for a starting-point, from which all of us who are interested in the great work done by our London hospitals could, whether we be interested as philanthropists, as medical men, or as hospital officials, agree to commence our discussion this evening; and I found, as I believe, such a starting-point in some remarks contained in the *Lancet* of September 29th, 1888, commenting on the visit of Sir James Paget to Yarmouth, a few days previously, and his address on "Hospitals," delivered there. "We live," says the *Lancet*, "in an age which is nothing if not critical. Even hospitals have had to run the gauntlet of a sharp criticism; and even persons whose benevolence is beyond suspicion, have come to criticise hospitals. Sir James Paget does not even suggest that they are abused. He probably has not seen in late years, of a morning, the out-patient and casualty department of St. Bartholomew's, or scanned the patients with the eye-glass of an officer of the Charity Organisation Society, or of one of those medical critics, who say that they are disposed of at the rate of one a minute. We should have been grateful to him if he had glanced at this aspect of the hospital question, and told us whether it was in any way essential to medical education; but we attribute small blame to him that he did

not. These departments are not the essence of hospitals ; they are rather its excrescences, which scarcely existed, or were only in embryo, in Sir James Paget's Yarmouth days, or perhaps even in his early St. Bartholomew ones. Hospitals, in spite of these, are, as he said, real charities. Their accommodation, their skilled medical advice, especially their resident medical officers, and their trained nursing, are the elements in their value, and constitute, in his opinion, advantages which are beyond the reach of persons with much less than £2,000 a year. It is a high estimate ; and provided such service is reserved for fit cases, where poverty, and difficulty, and pain combine to do their worst on frail man, it is worthy of all the praise that Sir James Paget bestows on it, and constitutes, as he says, a true charity. . . . Let us not grudge this advantage to the poor. We have said nothing of the advantage to medical education. Perhaps medical teachers, in their eager zeal and competition, slightly overlook the risk of doing harm by hospital charity, and, in so doing, accentuate the feeling of some that hospitals are inimical to the profession. This is an error so clumsy as to be unpardonable. Medical educationists should be the first to protect hospitals from all inferior and objectionable uses and reserve them for those cases which demand, at once, the deepest pity and the highest skill. So reserved, they constitute the most impregnable and Christian form of charity, and deserve the eulogy bestowed on them by Sir James Paget."

Thus far the *Lancet*, and I suppose we shall all agree that an ideal hospital, conducted on the lines here laid down, would constitute about as perfect a form of charity as is to be found in this sublunary sphere ; but when we ask where such a hospital is to be found, it becomes apparent, alas ! that the disquisition so far has been rather academic than practical : that, on the *Lancet's* own showing, such a charity, so reserved, is not to be found at St. Bartholomew's, for instance, which may be taken as a type of the large London general hospitals with schools : much less is it to be found in those special

hospitals without schools, and for the most part without endowment, in which the pay system specially flourishes, and which consist in many cases chiefly of what the *Lancet* calls the *excrescence* part of the large general hospitals, with a few beds tacked on so as to save appearances.

In these, not even their own secretaries or other officials would maintain that the benefits of the hospital are restricted to cases where poverty, and difficulty, and pain have combined to do their worst on frail man, or for cases alone which demand at once the deepest pity and the highest skill. Those who can pay are the welcome ones at the doors of most special hospitals, and those who cannot pay — well, though they may be admitted, are not always welcome.

In order to compress what I have to say to-night within manageable limits, I ask you then to grant me the following postulates :—

1st.—That the ideal sketch of a charitable hospital contained in the above extract from the *Lancet* is a good one.

2nd.—That it is nowhere realised in our great London hospitals.

3rd.—That the interests of medical education have to be considered in relation to London hospitals having schools attached.

4th.—That except for purposes of medical education, out-patient departments are not a necessary part of hospitals.

5th.—That both as regards the charitable aspect of the matter, and also in respect to medical education, a clear distinction must be made between general and special hospitals.

6th.—That if the skilled medical advice to be had outside hospitals be represented by x , it might in some hospitals be represented by x^2 , in others by x , in others by $\frac{x}{2}$, or $\frac{x}{4}$, or $\frac{x}{10}$, or even $\frac{x}{100}$.

The importance of all these postulates will appear as we proceed ; but I desire to draw special attention to the

last two, and to urge the impossibility of adequately discussing any proposed pay system unless they are kept steadily in view, the conditions under which general and special hospitals are carried on being so widely different, and the unknown factor of skilled medical advice forming such a varying proportion of the goods which, under any system of payments by patients, hospitals general or special would be in a position to exchange for value received; nor can I conceal my surprise that in almost all of those elaborate papers in favour of the pay system with which we are from time to time favoured, this part of the subject should usually be conspicuous by its absence.

The play of Hamlet with Hamlet left out, could hardly beat this exclusion of the central point of the whole question on the plea of not intruding within the limits of the sphere of the profession of medicine.

What do we mean by the Pay System in Hospitals? As at present adopted, we mean the payment by out-patients, not of the poorest class, of sums varying from threepence a week, as at Guy's, or even a penny or two-pence elsewhere, to sixpence, one shilling, two shillings, or two shillings and sixpence a week at the various Special Hospitals for medical advice, supposed to be of a superior quality, and a supply of medicine lasting for a week. It has been fully described, while this paper was in progress, by the Secretary to one of the Hospitals for Diseases of the Skin, who had previously been connected with the Hospital Saturday Fund, and who receives, as his predecessors had done, 15 per cent. of the receipts, whether from patients or from the public. The people benefited are said to include out-patients who give nothing to the hospital, out-patients who make monthly payments of three shillings, five shillings, and ten shillings, out-patients who give a shilling or two, and then change into monthly patients. For checking the payments by the out-patients there are books, with counterfoils consecutively numbered. No out-patient paid money without there being a proper counterfoil, so that a proper account

could be kept. The receipt was pasted in the patient's book, and the patient, when he went to the doctor, took his book with him.

In the case of in-patients, payments vary from half-a-guinea weekly at one of the Hospitals for Women for medical and surgical treatment, operations, board and lodging, to five guineas weekly at the Establishment for Gentlewomen in Harley Street, and seven guineas weekly at the St. Thomas' Home, the patrons of the latter including, it is said, officers of the Army and Navy, clergymen, etc., all of whom are described as legitimate objects of charity (and no doubt, if we take Sir James Paget's estimate of £2,000 a year as the income below which it is almost impossible to provide in private families the equivalent of hospital treatment, they may, in a certain sense, be considered to be so). But I suppose that no one will contend that they are exactly the class for which hospitals such as St. Thomas's or Guy's were originally founded or endowed, and that if it were proposed to turn all the wards of an endowed hospital into pay wards—that is, to replace the poor for whom they were intended and who cannot pay, by those of a superior social position who can—an outcry would probably arise ; in fact, the partial adoption of the very same plan is defended on the ground that it enables those hospitals to provide more free beds for the poor. The calculation on which this statement is based seems to me so very curious, that I should like to draw attention to it.

In a paper by Mr. Burdett-Coutts, M.P., read before this Association in the early part of last year, it is stated about Guy's Hospital at p. 15, on the authority of the Medical Superintendent of the Hospital, that "the cost of an occupied bed amounts to £71 per annum, so that the payments made by patients, £54 10s. (one guinea a week), do not cover their expenses. On the other hand, the arrangement enables the governors to keep a large number of beds open for the reception of free patients." "In this case", adds Mr. Burdett-Coutts, "the twenty beds supply fifteen more beds." Let us work out this little sum, and see if we arrive at the same conclusion.

20 beds costing £71 each	..	...	...	£1,420
Payments by Patients, £54 10s. × 20	...	...	...	1,090

				£330
Net loss to hospital				
Cost of 15 more beds which this loss of £330 is				
said to supply—71 × 15	...	...	...	1,065

Total loss to hospital on treatment in 20 Paying
Beds and 15 Free Beds for one year ... £1,395

Multiply this result, as Mr. Burdett-Coutts suggests, by all the hospitals in which the Pay System might be adopted, and you will see what the Pay System, if carried out on this plan, would do for the hospitals. It would reduce them to bankruptcy a little more rapidly than they are going at present. How much importance is attached to this supposed fact of the pay system, as proposed, enabling the governors of hospitals to keep more beds open for free patients, may be seen by its being twice quoted in Mr. Burdett-Coutts' paper* with the following additional remarks: "The simplest illustration will explain this. Taking the cost of a patient at 5s. a day, five patients will cost the hospital 25s. Suppose one patient is able to pay 4s., another 3s., another 2s., another 1s., and the last, the absolutely poor man, nothing at all; this would produce 10s. for the hospital, enabling it to keep two more free beds open, in addition to the one included in the five."

Here again let us work out the sum, which seems simple enough:

Patient A.	costs	5s.	...	Pays	4s.
" B.	"	5s.	...	"	3s.
" C.	"	5s.	...	"	2s.
" D.	"	5s.	...	"	1s.
" E.	"	5s.	...	"	—

Total cost 25s. Total paymts. 10s.
Loss to hospital, 15s.

Cost of two more free beds ... 10s.
Total loss on transaction ... 25s.

Total cost of three free beds without paying ones, 15s.

* I find that the Treasurer of Guy's also refers to this matter in his Report for the year ending Lady Day, 1887, in these words: "To augment the failing income, *and thus maintain as many available beds as possible for free patients* (the italics are mine), a small number of beds were set apart in most of the wards for patients who were able to pay £1 1s. a week."

It need hardly be said that no sane man would attempt to conduct any private speculation on such a system of buying and selling, and living on the loss; but the financial theories and practices of the London hospitals are a wonderful study, which will well repay a prolonged period of time devoted to them by those who have heads for figures.

The first proposal for contributions from patients to hospitals, which we have to consider to-night, then, is this, that the system of small payments by in- and out-patients, which has been already in practice for some years at the special hospitals, should be adopted at the large general hospitals.

The second proposal to which I shall ask your attention, is one by Mr. W. Bousfield, who has devoted so much time and attention to what is known as the Provident System of Medical Relief, in his capacity as Chairman of the Metropolitan Provident Medical Association, and whose *Sketch for the Organisation of a General Hospital on Provident Principles* is as follows :—

1. IN-PATIENTS' DEPARTMENT.

- (a) Half the beds, free; patients to be selected principally through the Out-Patient Department.
- (b) One-fourth the beds, patients to pay 2s. per day.
- (c) One fourth the beds, patients to pay £2 2s. per week, inclusive.

NOTE.—All patients to be subjects for clinical teaching for the purposes of the Medical School.

2. OUT-PATIENTS' DEPARTMENT.

To be divided into two branches :

1st. The Consultative Department, Hospital Physicians and Surgeons. The patients in this department will include—

- (a) Patients sent by the Medical Officers of the Provident Department.
- (b) Patients sent with a letter of recommendation from general practitioners in the neighbourhood.
- (c) Patients who have been in-patients.
- (d) Casual patients for the Surgical Department.

2nd. **The Provident Department.** To this department will be attached a staff of respectable general practitioners, resident in the neighbourhood, who will treat patients for all ordinary maladies, and, when necessary, visit them at their own homes.

The members of the Provident Branch will be persons living in the Hospital district, who are unable to pay the usual fees of medical men, and whose wages do not exceed 30s. for a single person, and 40s. for a family.

The payments, to be made in sickness and health, might be 6d. per month for each person, and for children (who should not be allowed to join without their parents), 3d. per month each, 9d. per month to include all children in a family, under 14 years of age.

Sixpence to be charged for each Certificate signed by a Member of the Staff.

All medicines ordered to be provided by the Hospital ; but 1d. to be charged for each prescription made up, and 2d. when bottles are provided.

Three-fourths of the total of the members' monthly payments to be divided amongst the Medical Staff of this department.

NOTE.—This plan would provide for a selection of good cases for medical teaching. In the case of a Hospital with an old-established Medical School, some modification might be necessary.

You will notice that the distinctive feature of this proposal is contained in that part which deals with the out-patient department, which it proposes should be divided into two branches—one the Consultative Branch, in which the patients are to be seen by hospital physicians and surgeons ; and the other the Provident Department, to which it is proposed to attach a staff of respectable general practitioners resident in the neighbourhood, who will treat patients for all ordinary maladies, and, when necessary, visit them at their own homes.

With regard to the first part of this proposal, which is no new one, having been advocated for the last twenty years by almost every hospital reformer who has con-

sidered the subject, and especially by the large and representative Medical Committee in 1871, which included Sir Spencer Wells and Mr. Timothy Holmes, the late Drs. Anstie, Meadows, and Fairlie Clarke, and many others of equal standing as hospital physicians and surgeons, I am of opinion that, if the medical staffs of our large general hospitals could see their way to get it adopted, it would, even from a financial point of view, be a distinct advantage to the hospitals. If the staffs object that it is necessary to keep the out-patient departments as they are, for the sake of the medical schools, then it becomes a question whether a dozen medical schools are needed in London, and whether it is worth while, for the sake of them, to keep up also a dozen out-patient departments; but here, to avoid digressing, I must ask you to refer back to my postulates, and get on to the second part of the proposed out-patient department under this scheme.

The great charm of the second part of the proposal, in my eyes, consists in this: that it openly recognises the truth—which is more or less carefully concealed in other proposed Pay Systems, but which has to be faced nevertheless—that, in order to make any system of cheap physic pay, you must be prepared to compete successfully with the general practitioners, who are already established in superabundant numbers all over London, and amongst whom there is a certain proportion forced by the *res angusta domi* to take a strictly commercial view of the value of medical services, a view which has led to the establishment of those sixpenny dispensaries, by which money is to be made, though not, I am afraid, much professional reputation.

This second part of the system has been already partially tried at the Metropolitan Hospital (formerly the Metropolitan Free Hospital), in Kingsland Road, and the experience there does not seem very encouraging for other parts, since one of the first results has been to give rise to a correspondence in the *Lancet* between some practitioners in the neighbourhood of the hospital and

the medical officers attached to it, in which the former attack, and the latter defend, this new departure by the hospital authorities.

Ultimately the following protest, which expresses very clearly and forcibly the objections of general practitioners resident in the neighbourhood to the plan, has been drawn up and extensively signed:

“ We, the undersigned, medical practitioners resident in the vicinity of the Metropolitan Hospital, Kingsland Road (late Metropolitan Free Hospital), desire to protest against the action taken by the committee of that institution in converting it into a Provident Dispensary, and we do so on the following grounds :—

- (1) That the function of a hospital is to relieve the medical wants of the poor, whilst this institution, as at present managed, is of little or no use to the poor in the neighbourhood, its rules being so framed that those who cannot pay after the first attendance are turned away from its doors.
- (2) That this innovation is not a genuine attempt to relieve the poor, but is, as was plainly stated in public meeting by the hon. secretary, an attempt to “ make the thing pay”.
- (3) That the original funds of the hospital were subscribed to benefit the poor, and not the better class of poor, who hitherto have been able to pay their ordinary medical attendant.
- (4) That the plan establishes a low standard of competition, which is detrimental to the practitioners in the neighbourhood (and, by its possible extension, to practitioners in general) as well as to the staff of the hospital. It also has the tendency to lower the appreciation by the public of services rendered to them by the profession.
- (5) A hospital conducted on these commercial principles naturally alienates itself from the support and sympathy of local practitioners.”

I will add no word of comment on this protest save this, that as probably each practitioner who has signed it could influence at least, let us say, twenty families to give or withhold subscriptions to hospitals, the loss to the hospital funds through their opposition will probably

more than counterbalance the gain from patients' payments.

It would appear, however, that the mere fact of the Metropolitan Hospital having tried this plan, and with alleged success, is likely to induce other and much greater institutions to follow suit ; and Sir Edmund Currie, who speaks from a lengthened and intimate acquaintance with the facts of the situation, is sufficiently sanguine to trust to see before long a great revolution effected in the entire hospital system by the general adoption of some scheme whereby steady, thrifty provision during health, as well as during the trouble itself, against sickness, may be encouraged among poor people, to the raising of the standard of their own self-respect, and to the considerable lightening of the burdens now laid upon all charitable medical institutions. But Sir Edmund points out in a letter to *The Times* that, to be at all effective, any such system should be worked from each hospital itself as a centre, and the limits of the district attached to each hospital for medical cases should be clearly defined. He is, of course, of opinion that hospitals should not, as is but too frequently the case at present, be regarded by the working-classes as places where anybody fortunate enough to secure a letter, whether really entitled to charitable assistance or not, may have first-class medical attendance for nothing. They should be open, as they are, for the prompt and free relief of sufferers from accident, and they should be free to persons unable to pay high fees to specialists for important and critical cases ; but some systems of self-help should be imposed on the great mass of out-patients and others who swarm at the gates of all the metropolitan hospitals for the medical attendance which any good local practitioner is capable of providing. Apart from the very serious question of finance, this great influx of work is already beginning, he says, to present grave practical difficulties of execution. At the London Hospital, for instance, the great accommodation, large staff, and wide resources of this grand institution are strained almost to

breaking-point by the overwhelming number of the class of case in question—a number which increases daily. An experiment, as we have seen, has already been tried at one hospital, and Sir Edmund says successfully, the system adopted being this: A certain number of local practitioners, whose competence the medical staff of the hospital is thoroughly satisfied of, are paid a salary to attend the out-patients, in much the same way, it is said, as a divisional police-surgeon is paid. The neighbourhood of the hospital is divided into districts, each in the jurisdiction of one of the appointed medical men, whose ordinary attendance is then given free, the medicines being provided by the hospital.

Sir E. Currie strongly deprecates anything like a "rate in aid" from parochial funds in favour of hospitals, but would probably not object to see these institutions relieved from taxes for the poor and from municipal rates, which, together, amount in the case of Guy's Hospital, I believe, to about £1,400 a year.

Now there are two points in this statement of Sir E. Currie's which I confess puzzle me: the first is that relating to divisional police-surgeons. I have been a divisional police-surgeon for some years, and have also the honour to act as one of the hon. secretaries of the Metropolitan Police Surgeons' Association at the present time; but I am quite unable to understand the alleged analogy between the two cases. The second is how, in the case of hospitals situated almost within a stone's-throw of one another—as, for instance, the Charing Cross, Westminster, and St. Thomas's—districts are to be found large enough for all in their own neighbourhood.

A third and very recent proposal is that of Mr. Algernon Coote, secretary to the Lock Hospital, who suggests that in order to supply the sum of £100,000, at which figure he estimates the annual deficit of the London hospitals, one out of ten of the London population should regularly contribute one penny a week; and he asks, Is it Utopian to suggest that the 500,000 pence per week may be obtained? He refers to the practice in some of

the large Scotch towns of contributing regularly one penny per week, and is of opinion that the workshop collections in connection with the London Hospital Saturday Fund might be largely increased. If the 750,000 working people of London were wisely approached, a very large number of them, he thinks, would contribute. The contributions from the working classes might be supplemented by collections in "Red Cross" one-penny-a-week collecting boxes, for which many would be glad to apply. The 500,000 pence would, he observes, give the hospitals £105,000, and still leave more than 3 per cent. (if required) for the working expenses of the effort. I learn from the *British Medical Journal* that this proposal is being much discussed and warmly taken up, and that, in view of its proposed adoption in London, Mr. Sparks, the Chairman of the Leeds Workpeople's Hospital Fund, has given the following account of what has been recently effected there in this direction. Prior to January 1887, he says, collections among the workpeople of Leeds, as in most other large towns, were spasmodic. In some of the manufactories voluntary collections were made quarterly, half-yearly, or annually. In very few, if any, were collections made weekly. Up to the period named the amount subscribed by workpeople within the borough of Leeds was in round figures £2,000 per year. Early in 1887, at the Annual Meeting of the Leeds Infirmary, a sub-committee was appointed to consider the best means of augmenting the workpeople's subscriptions to the medical charities. Representatives of friendly co-operative and trade societies were consulted at a conference, and there was a consensus of opinion that, given regular opportunities, the workpeople of Leeds would very largely increase the subscriptions hitherto sent in. The organisation is thus conducted. Leeds is divided municipally into sixteen wards. In every ward there is a committee of workingmen. Each committee elects its chairman and hon. secretary, and these officials form the executive of the general body. This executive meets monthly to report

progress, and the General Committee of about 500 workmen (comprising the sixteen Ward Committees) meets quarterly. It is the duty of the Ward Committees to see that all workshops within their particular boundaries subscribe ; and meetings are convened in the works where the movement is found not to have penetrated.

The chief principles of the movement are thus described :—

1. Regular weekly or fortnightly collections in all workplaces.

2. The entering in books specially provided for the purpose, of every penny or halfpenny subscribed, and the names of the donors, so that they can at any time see the sum given by each one in the particular works.

3. To arouse a spirit of emulation by the regular publication of the amounts collected in the various workshops.

As a result of the first year's working of this scheme, the collections for 1887 were practically double of those in 1886, and for last year they are expected to be still larger.

As there is said by Solomon to be nothing new under the sun, so this proposal, which comes with such an appearance of novelty to us in London, and which I see by the *Times* is to be discussed at a meeting on the 29th inst. under the auspices of the Lord Mayor, proves on investigation to be but an old and well-tried friend of some of the provincial hospitals. In my Sturge Prize Essay on the "Financial Condition of the London Hospitals", published in 1887, I gave particulars of a similar system of collections at workshops, which has been in vogue in North Staffordshire for upwards of sixty years (and to which also Mr. Burdett-Coutts refers in his very elaborate paper), and, at the risk of being tedious, I venture here to reproduce the main features of the plan which has in North Staffordshire been attended with such remarkable success. The *modus operandi* is something of this sort—the hospital collector appeals to the large employers of labour in mills and workshops to grant him facilities to

speak to the workpeople on the premises. They, as a rule, readily consent to stop the machinery a little earlier than usual for dinner. The collector then gets the people together, and shows them in a few words what the hospital is doing, and is prepared to do for them when sick or injured, and puts it to them that, in return for benefits received by themselves and their fellow-workmen, it is but just that they should try to do something to help the hospital funds. Afterwards he sees the managers and foremen of departments ; for unless their sympathies were won, and they were willing to take the matter up, all his efforts might avail nothing. It is found that this mode of action seldom fails.

Sometimes the workpeople consent to leave in the office a penny or a halfpenny a week ; others agree to work a quarter of a day overtime once a quarter ; others again enter upon their engagements with the understanding that one penny weekly will be deducted from their wages for the benefit of the hospital or infirmary.

From these establishment-subscriptions (as they are called) gradually increasing sums have been received year by year from 1822 to the present time, so that during the ten years preceding 1882 they averaged £2,736 yearly as against £2,279 received from private subscriptions.

Ever since in 1883 at a Social Science Conference held in London, I heard this plan of systematic collections described by those who were actually engaged in them in the provinces, it has struck me that what is wanted in the metropolis, is to bring one of these men to London, and set him to work to reproduce here the organisation which has proved so successful in the provinces. But as often as the thought has occurred, the question has also arisen, Under whose auspices could such a work be undertaken with any prospect of success ? The organisation of the Hospital Sunday Fund is evidently unsuited to such an attempt. It has besides become much too clerical and too completely controlled by the dominating influence of its permanent Vice-President, to respond readily to any impulse from without.

The Hospital Saturday Fund, unfortunately, appears to me to be worked largely in the interests of special hospitals, but would otherwise appear to be the most suitable organisation for the purpose—unless, indeed, The Hospitals Association should see its way to take action in the matter, either alone or in conjunction with the Hospital Saturday Fund ; but whoever takes the matter up will find, I believe, that a necessary preliminary to any successful working of the scheme would be the organisation of some sort of concerted action between the medical charities, hospitals, and dispensaries in various parts of London. If it be once determined that, for the future, the maxim which Guy, that noble-minded bookseller of a former age, adopted for his hospital, *dare quam accipere*, is, as regards our hospitals, to be abandoned, nay, reversed, and that the benevolence of the present generation is no longer equal to the demands made upon it for sustaining the charitable foundations bequeathed to us by our forefathers, though the luxury of our age at least equals that of theirs, and the number of those dying worth half-a-million, or more, seems annually to increase : then we may be sure that the wage-earning class, when they combine together to pay their pennies weekly, in order to provide themselves with medical attendance and medicines, will also insist upon having a voice in the management of the institutions to which they are asked to contribute, and that they will regard the provision of good doctoring for themselves as the chief end of those institutions which they support. I do not see how the clinical teaching at our great hospitals is likely to flourish under such a system ; nor should I like to defend the present out-patient departments before a committee composed largely of working-men, subscribers to hospitals. Any such combination, however, as I have hinted at, of hospitals and dispensaries in each district of London, would, itself, almost amount to a peaceful revolution ; while the mere mention of the medical schools and of the out-patient departments shows what large questions will have to be discussed before this matter can be finally

settled, and to settle which it would require, I have long been of opinion, a Royal Commission of Inquiry. In order, however, to avoid pressing my well-known views on these points, and to make this paper as representative as possible, I have asked the opinion of a few medical friends, all men of good standing, practising in different parts of London, as to the present condition of hospitals and the proposed introduction of the Pay System, and the following is the gist of the answers I have received :—

Dr. Alexander Grant writes :—“ *Proposed Small Payments.*—A proof of failure in the mission of hospitals to provide for the treatment of the poor. Hospitals, having failed to husband their resources, having spent fortunes in great buildings, and in indiscriminate treatment of rich and poor, now want to recoup their exhausted exchequers by entering on a ‘paying practice.’ They are thus farming, or ‘sweating,’ physicians and surgeons, to make up for their own bad management. As the hospitals afford the only opening through which medical men can reach a consulting practice, these physicians, etc., submit to a system which, otherwise, would never have arisen. The small payments exclude the really poor, and cause, in those who avail themselves of them, an idea of right. Thus the hospitals encourage in one set of people, who can afford to pay, an idea of right, which excludes another set of people, for whom the hospitals were really intended, the deserving poor. The effect upon outside practitioners is to reduce fees, and to cause the establishment of (so-called) private dispensaries, especially in poor neighbourhoods. It is the result of an economical law. People go for what they want to the cheapest market. If they can get treatment for 3*d.* a week at the nearest hospital, there will soon be established private dispensaries, where they can be treated for the same figure. Now, *however much we may dislike this*, we must remember that the moral relationship of the medical men in both cases is the same. The hospital physicians and surgeons have committees, who do the advertising and take the money. The private dispensary

owner does away with 'middlemen,' and does the thing more cheaply himself. All this is much to be regretted ; but does the presence of middlemen in one case entitle the one set of practitioners to honour, and the absence of middlemen in the other, brand the latter set of practitioners with dishonour ?”

Dr. Walter Smith writes :—“In my opinion the administration of the out-patient department is very little, if any, better than it was some ten or twelve years ago, nor do I think any influence that can be brought to bear will make them improve their ways, short of some Government control. With regard to small payments, I should advocate it, provided some means were taken to exclude improper cases, otherwise it will only aggravate the evil, and reduce it simply to cheap physic, similar to the private sixpenny dispensaries.” Dr. F. H. Alderson writes to much the same effect.

Mr. W. H. Kesteven writes :—“I consider that, as at present administered, the out-patient department of hospitals is most objectionable and injurious, not only to the unfortunate practitioner, but also to the population at large, and to the hospitals themselves. There is absolutely no check whatever to the abuse of these charities in this department. Any person, be he wealthy or poor, can obtain for the mere asking medical or surgical relief, with gratuitous supply of medicine. It is no uncommon thing in general practice to be told by a patient whom one knows to be well able to afford the ordinary medical charges, that he or she has been attending at such and such a hospital. A large employer of labour in London, the other day only, since I received your letter, told me that he knew of many cases among his own employés, men in receipt of three or four hundred a year, who were in the habit of going to St. Bartholomew's and to Westminster Hospitals when they did not feel well.*

“This abuse of the out-patient department is beyond the power of the hospital officials, unaided by external

* My informant has large works close by both hospitals.

help, in any way to control. Sir Sydney Waterlow admitted to me at the Mansion House Meeting of the Hospital Sunday Fund, in response to a question which I asked on this subject, that the attempt had been made at St. Bartholomew's Hospital to inquire into the circumstances of some of the applicants for relief, but that the attempt had utterly broken down, in consequence of the overwhelming character of the work.

"The result as regards the general practitioner is that this class of gentleman is gradually being more and more prevented from obtaining the means of livelihood. I do not mean that this is the sole obstacle with which he meets, but it is one of the greatest hardships with which he has to contend. As regards the public, it is difficult to conceive a more neatly contrived system of encouraging pauperization and discouraging habits of thrift and independence of spirit.

"The result as concerning the hospitals is, that they are all more or less in difficulties, their expenditure is three times their assured income, which includes the revenue derived from the Sunday Fund, if not the Saturday Fund as well. In other words, hospital abuse is the cancer which, unless it be boldly attacked, must eat out the life of the hospitals.

"The remedy I have suggested (and although the *Lancet* scoffs thereat, it has not suggested any other) is, that external aid should be given in this way : *No patients should be allowed to receive hospital relief (except in the case of accidents) unless they produce good and credible evidence that they are not in a position to pay for ordinary medical advice.* I take this as an absolute postulate, and if asked how is such to be obtained, I suggest that such evidence might be afforded by means of certificates to that effect given by medical men, parsons, or church-wardens (? about the last named).

"2nd. *As to the proposed payments by patients of 3d. or 6d. weekly for out-patients, and of one or two guineas weekly for in-patients.* I am not aware by whom this has been proposed, and I hope I am not treading on tender corns

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students, who together form the working-staff of these houses of mercy. However much we may criticise them, we are all proud of them, and little as I am desirous of posing as a *laudator temporis acti*, I must confess that it is with the greatest regret I see that it is beginning to be generally recognised that the great hospitals must before long adopt some one of these three novel methods of providing themselves with funds. By all means let the funds they possess or receive be used to the best advantage, but the richest city in the world is surely neither unable nor unwilling to maintain in full efficiency a dozen large hospitals such as that founded at his sole cost by Thomas Guy, the bookseller ; nor are all munificent donors to hospitals deceased, though that princely giver, the late George Sturge, has passed from among us ; and I shall not, for my part, despair of seeing others rise up, who, like Guy and Sturge, outwardly uncrowned and apparently unconsecrated, shall yet, more than many kings, and far more than most bishops, serve their own generation and ours according to the will of God, by the wise devotion of themselves and their wealth to the sacred cause of our great London hospitals.

There was a good attendance at the meeting, which was held at St. Mary's Hospital, on January 24th. Sir Edward Sieveking presided, and the discussion was joined in by Dr. George Browne, Dr. Timothy Holmes, Dr. Smith, Dr. Gilbert Smith, Mr. Henry C. Burdett, Surgeon-Major Ince, and other speakers. Votes of thanks were accorded to Dr. Hardy, to the Chairman, and to the Governing Body of St. Mary's Hospital, for the use of the hall, and a resolution was agreed to unanimously, requesting The Hospitals Association to take into their consideration the question of organising workshop contributions in aid of the general hospitals.

Pamphlet No. 12.

The Hospitals Association.

THE
CONVEYANCE OF INJURED PERSONS
TO THE
METROPOLITAN HOSPITALS.

*DEFECTS IN THE EXISTING SYSTEM, AND
PROPOSALS FOR THEIR REMOVAL.*

BY 
THOMAS RYAN,
Secretary to St. Mary's Hospital, Paddington.

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—
1889.

THE CONVEYANCE OF INJURED PERSONS TO THE METRO- POLITAN HOSPITALS.

DEFECTS IN THE EXISTING SYSTEM AND PROPOSALS FOR THEIR REMOVAL.

INTRODUCTORY.

THIS paper is the outcome of an incident which occurred in August last in connection with a coroner's inquest on the body of a man who died in Charing Cross Hospital from injuries sustained through a massive ornamental cornice having fallen upon him while he was at work at the Royal College of Surgeons. It appears that he was at once taken to King's College Hospital, hard by, by two fellow-workmen, who were informed, after the patient had been examined, that there were no vacant beds, and they were recommended to go to Charing Cross Hospital and inquire whether he could be taken in there. This one of the men did, and returned with an affirmative answer. When they came to move the unfortunate man, however, they found that there was no ambulance upon which he could be carried, and they had therefore to go again to Charing Cross Hospital for the conveyance which is kept there, with which they returned, and upon which the patient was ultimately removed. He died the same evening.

The jury returned a verdict of accidental death, and added a rider, expressing their surprise that no ambulance was provided at King's College Hospital.

The report in the daily newspapers of this accident and the incidents which attended it, excited a good deal of interest, as was shown by numerous letters and articles

which appeared in the press generally on the subject. The point which was chiefly dwelt upon was the necessity, on which the jury laid so much stress in the rider to their verdict, for each hospital to maintain its own ambulance, and by the time the correspondence closed it had become pretty clear that although a few of the London hospitals did so, the majority possessed no such appliance.

The Council of this Association took the matter into their consideration, and the result was that they decided it should form the subject for discussion at one of the general meetings during the approaching session, and I was invited to prepare a paper.

It will have been noticed from the title of this paper that I do not, by any means, propose to confine myself to an examination of the position taken up by the coroner's jury, as above stated, viz., that each general hospital should maintain its own ambulance. Still it was this point which raised the question, and for this reason, and because it is a convenient starting point, I propose to address myself to it before proceeding to discuss the whole subject of the provision at present existing for the transport of injured persons throughout the metropolis.

SHOULD EVERY GENERAL HOSPITAL POSSESS AN AMBULANCE?

The mere fact that such an incident as that to which I have referred was possible, seems to me to be a consideration of sufficient weight to at once determine the answer to this inquiry. To say that such an occurrence is not likely to happen again, is a rejoinder of no weight whatever. Hospitals are public institutions, and are bound to do all that is possible to provide for every contingency. Viewing the matter from another standpoint altogether, however, that is, purely from the point of view of expediency, I would say that so long as the hospitals are dependent upon the charitable contributions of the public for providing the "sinews of war," they cannot afford to neglect making proper provision for such emergencies, since one incident of the kind to which I have alluded would, by the

loss of subscriptions which it would entail, cost a hospital more than a hundred ambulances. On the threefold ground, therefore, of efficiency, humanity, and expediency, I am of opinion that every general hospital should maintain an effective ambulance litter of some description.

There is one important question, however, to which this conclusion might give rise, which I think it will be advantageous, from my point of view at all events, that I should answer at once.

It has been suggested at various times that each hospital should provide ambulances, and be held responsible, within a certain district which the institution might be held to serve, for the removal of injured persons from the spot where the accident occurs to the hospital. With respect to this suggestion, I have to say that the authorities of the London hospitals could not, for a single moment, think of adopting it. In the first place, it would be accepting a new duty, and one which they were never intended to perform. They were established to provide medical and surgical treatment for the sick and injured poor, and the conveyance of such to their doors is an office altogether outside the scope of hospital work. In short, it is the duty of the police to deal with the conveyance of accidents to the various institutions. In the second place, even if the hospitals were disposed to accept this new responsibility, it could not possibly work well, in London at any rate, whatever might be the case in the country. Take the case of the London Hospital, for instance. If a score of ambulances were maintained at that institution, there would be times when all of them would be in use, and the complications which would arise if a case of serious injury required a conveyance at such a time, may be more easily imagined than described. I think I may safely prophesy that the hospitals will never accept this task, inasmuch as it is quite certain that it would not be possible for them to effectively perform it, and they could not dream of running the risk of incurring the odium which would attend failure. Besides, they already find it quite as much as they can do to provide prompt attention to the cases which are brought to their doors.

The purpose for which I consider each hospital should maintain an ambulance is to provide for contingencies which may at any time arise in connection with its own work, and so remove the possibility of such disagreeable incidents as that to which I have referred.

It may seem, to some, perhaps, that the foregoing remarks are of the class sometimes described by the phrase, "creating obstacles in order to destroy them." Such is not the case, however. The point I have discussed has been seriously commended to the adoption of the London hospitals, and when talking some time back of this paper to several of the most experienced managers of these institutions, I was struck with the prominence which was given to this matter in the conversation, and I have therefore thought it desirable to deal with it at the outset.

It will be as well, before I proceed any further, that I should define what I mean when I speak of an ambulance. Most of those present, of course, know perfectly well; but as there may be some who do not, and as the word itself has a very much wider signification than I require it to bear on this occasion, I will explain that by an ambulance I mean simply a stretcher on wheels. It is of two kinds—(1) a light vehicle which may be wheeled by one person, and which is known as an ambulance litter, and (2) a carriage to take one or more stretchers, and requiring a horse, which is called a horse ambulance.

AMBULANCE WORK IN LONDON.

The principal purposes for which ambulances are required in London are three, as follows :

- (1) The removal of infectious cases'
 - (a) To the Metropolitan Asylums Board Hospitals.
 - (b) To other places.
- (2) The removal of sick, as distinguished from injured persons.
 - (a) Paupers from their homes to the Poor-law Infirmarys.
 - (b) Other medical cases.
- (3) The removal of persons injured, or suddenly stricken with illness, in the streets.

My business on this occasion lies chiefly with the third of these, but I may perhaps be permitted to turn aside for a moment to make a few passing remarks upon matters of interest connected with the first two.

(1) Removal of Infectious Cases.

By the Metropolitan Poor Law Act 1867, it was enacted that hospitals should be provided for the infectious sick poor of London, and the Metropolitan Asylums Board, under the powers vested in them by that Act, erected six hospitals for such cases, which, with the Floating Hospital and Convalescing Camp at Darenth, provide 3,084 beds for the poor of the metropolis suffering from infectious diseases.

For several years the removal of cases to these hospitals was carried out by the Boards of Guardians of the different parishes and unions, and the work was done for the most part in carriages, defective both in construction and fittings, and quite unsuitable for the purpose.

This subject of the transport of infectious cases received attention from the Royal Commission on Infectious Hospitals, who recommended that the Metropolitan Asylums Board should organise and maintain a system of ambulance communication with their Hospitals; and by the Poor Law Act, 1879, the Board were empowered to make the necessary provision for the whole metropolis. Under the powers vested in them by this Act, the Board provided three Ambulance Stations, which are situated adjoining the Eastern, South Eastern, and Western Hospital respectively; and also three ambulance steamboats for the transport of convalescing patients to the Hospital at Darenth. The Stations are supplied with from fifty to sixty ambulance carriages, of the pattern designed by Mr. John Furley, of the St. John's Ambulance Association.

These particulars will, I am sure, convey to you the impression that the transport of infectious sick poor to Asylum Board Hospitals is well provided for, and when I say that the practical working of the organisation is the admiration of everyone who has had the opportunity of witnessing it, that impression will be confirmed.

So much for the removal of infectious cases to Asylum Board Hospitals. When we come to consider the question of the removal of such patients to places other than those establishments, the case is very different, and as unsatisfactory as the former is excellent. In fact, absolutely no provision exists, so that, as was pointed out in April 1888, by the Ambulance Committee, in a report to the Metropolitan Asylums Board, the result is either (*a*) that infected persons have to walk, or (*b*) employ cabs, omnibuses, or other public conveyances, or (*c*) enter an Asylums Board Hospital unwillingly.

To remove this difficulty, the Ambulance Committee recommended that the Metropolitan Asylums Board should be empowered to use their ambulances for the removal of *all* classes suffering from infectious disorders. This report was sent to the Local Government Board, but no steps have been taken—or had been quite recently—to give effect to the recommendation.

It is not necessary for me to dwell upon the mischief which results from the absence of provision for such cases, it is so obvious; but I have thought this not an unfitting opportunity to refer to it, and I am not without hope that this Association, by taking the question up, may have the satisfaction of contributing to the removal of the present lamentable state of things.

(2.) *The Removal of Sick as distinguished from injured persons.*

For patients who are able to pay, the St. John's Ambulance Association has organised an Invalid Transport Corps, the machinery and management of which are of the most perfect description. Its services are obtainable at an extremely moderate charge. For half a guinea a patient may be moved on a two-wheeled litter, anywhere within the four mile radius of Charing Cross, or if a horse ambulance carriage be required, the fee is a guinea. Patients have been conveyed to Brighton for £3 10s. 6d., including all charges, and the Corps will remove a patient from London to the Riviera without his leaving his bed.

For this Invalid Transport Service the public are indebted to Mr. John Furley, Deputy Chairman of the St. John's Ambulance Association, who is the Hon. Secretary and Manager of the Corps, and the admirable ambulances and other appliances for which it is renowned are the product of his inventive genius.

I should like to say more about this most valuable organisation, but I must pass on to the question of the removal of invalid paupers to the workhouse infirmaries.

I have been in communication with the Clerks to the Guardians of the whole of the parishes in the Metropolis on the subject, and have to thank them for the promptitude and fulness with which they have responded to my enquiries. The state of things which their replies disclosed, is, however, not such as will justify me in referring to it in complimentary terms.

The same defect which attached to the provision they made, prior to 1881, for the removal of infectious cases, and which resulted in the Metropolitan Asylums Board taking over that duty, characterises their arrangements for the removal of sick paupers. In some cases the arrangements are perfect, in others they are passable, in some they are very bad, and in three instances there is no provision whatever. I suppose the sick are removed to these three infirmaries in cabs. If you wish to form an adequate idea of what that means, I would ask you, as I am speaking to an audience more or less acquainted with medical matters, to picture to yourselves the result which would ensue if patients suffering from some forms of heart disease, were suddenly sat bolt upright in a four-wheeled cab, and then rattled over the stones to the infirmary in order to get skilled advice and treatment. As to the *extent* of the need for ambulances at infirmaries, I would simply estimate it by the provision which some have made. At five infirmaries, in parishes by no means the largest or poorest in London, there are two ambulances kept, and in two of the five the clerks inform me that they are in constant use.

I have given some particulars which will have enabled you to form an opinion as to the need of ambulances for

the removal of sick paupers, and as to the extent of that need ; I have stated that the provision made by the parish authorities is in many cases either defective in character or deficient in extent, and that in some instances there is no provision at all. This state of things is, in my opinion, utterly unworthy of, and discreditable to, London, and I hope that this mention of it, may, by attracting public attention to the matter, result in some improvement being effected

I now come to the third purpose for which ambulances are required in London, which, as I have before indicated, is the most important branch of the subject, namely :—

(3) *The Conveyance of Persons Injured, or Stricken with Sudden Illness, in the Streets, etc., to the various Hospitals.*

I will open my remarks upon the subject by describing an accident in London, and the incidents which are likely to attend it.

I will take the case of a man who has fallen from a scaffolding erected outside a house, on to the railings, and has sustained, besides other injuries, a large jagged wound of the thigh, the femoral artery being opened. A police constable is almost immediately on the spot, and at once proceeds to render first aid to the injured man (having qualified for that important duty by attending the classes which are held annually for the Metropolitan Police by the St. John's Ambulance Association), but not before the poor fellow has lost a considerable quantity of blood. The constable applies an improvised tourniquet, which stops the bleeding, and the next thing to be done is to get the patient to the nearest hospital, which is half a mile distant.

This brings me to the object which I have especially in view, namely, to show whether or no the means at disposal at the present time for the prompt, rapid, and safe removal of such cases are suitable in character and adequate in extent.

What happens in the case I am now describing ? The man being obviously in a serious condition, the constable does not feel justified in waiting for an ambulance litter, since it

could not be obtained under twelve or fifteen minutes. He therefore places the patient in a four-wheeled cab, and is driven with him at once to the hospital. The injured man is found on arrival to be in a condition of syncope, and dies within a few moments of admission.

I have chosen the above details because they refer to a case which actually occurred some little time back at St. Mary's Hospital; but many present will have no difficulty in suggesting to themselves cases of injury which could be safely conveyed to a hospital on an ambulance, but would probably have a fatal termination if removed in a four-wheeled cab. I do not hesitate to say that it often happens that the sufferer is injured much more on the road to the hospital than by the accident which had previously befallen him. I have it on reliable authority that in the case which I have described, the man might have recovered if he had been conveyed to the hospital on an ambulance litter.

Now I have said that in this instance an ambulance was not near enough at hand to be of any real service, and you will ask whether I mean to convey that this fairly represents the state of things which obtains throughout the metropolis generally? My reply is, that I consider the above to be a typical case, and that in the majority of street accidents, under existing circumstances, the chances are decidedly against an ambulance litter being near enough to be of any practical value.

It now becomes necessary that I should state what the present arrangements are.

The only systematised provision now existing for the removal of accidents is that administered by the Metropolitan Police and the City Police.*

I should say here, in order that you may know how much dependence you can place upon my statements respecting the Metropolitan Police in this connection, that I have been in communication with Scotland Yard on the subject. My information is therefore drawn from headquarters, and I suppose I may presume that it is consequently reliable. Perhaps it may conduce to a ready following of my remarks

* See note at end of Paper.

if I say now that the area with which I am going to deal is that contained within the well-known four mile circle from Charing Cross.

At every police station within this area a wheeled litter of the St. John's Ambulance Association pattern is kept.

Having obtained this information from Scotland Yard, I found myself in the position in which most of you probably stand—that is, very little the wiser for it. The question at once arose—What does this represent, where are the Police Stations? and the most important decision we have to come to, viz, as to whether the existing arrangements are adequate in extent or not, depends upon an accurate reply to this question.

Now, apart altogether from the question as to whether I am a believer in Lord Salisbury from a political point of view, which I may or may not be, I am a most ardent disciple of his in his belief in maps. On a celebrated occasion he advocated the use of maps as an antidote to panic, and if I might take the liberty, I would add after “panic” the words ignorance on any subject upon which a map can be bought to bear. My first impulse, therefore, was to procure a map of London showing the Police Stations, but this proved to be no easy matter. The only map in existence giving such information is, I believe, the official map of the Metropolitan Police District, which is a small scale map of Middlesex, and of the area contained in a circle having a radius of fifteen miles from Charing Cross, and upon which no streets are shown. Such a map was quite useless for my purpose, and as I simply could not go on without a map of the kind, I extemporised one for myself at a cost of much time and trouble, the construction of maps not being in my line. From a pictorial point of view this so-called map is, to say the least of it, *not* a success, but, in common with many things that are by no means picturesque or taking to the eye, it has proved extremely useful. I was enabled to answer at once the important question, “Does the existence of an effective ambulance litter at each police station constitute a sufficient provision for the necessities of the case?” and the reply was a most emphatic “No.”

The map showed that there are forty-nine of these police ambulance stations, if I may so describe them, scattered at very unequal distances over the area of fifty square miles contained within the four mile circle. The distances are so unequal, that, while in one locality a circle with a diameter of a mile will include five stations, in several other neighbourhoods a circle of similar extent will not include one ; and I wish it to be clearly understood that I do not refer to sparsely populated localities where there is little traffic, but to parts densely peopled, where the vehicular traffic is enormous. One instance at least of this latter class exists in one of the busiest parts of the West-end ; while, if we go to the south side of the Thames, we shall find that this condition of things prevails. I can show on the map of London an area of quite ten square miles, south of the Thames, inside the four miles circle, within which there are but five police stations. It is in this quarter, in fact, that the arrangements for the removal of persons injured in the streets are at their worst, and yet it is this very part that most needs a perfect system, for it is here also that the extent of hospital accommodation reaches a lower point than anywhere else in the metropolis. Taking these two facts together, we are brought face to face with a condition of things in South London which is positively appalling. No words of mine can convey to you an adequate idea of the prospect before a person seriously injured in parts of this district, three miles at least from the nearest general hospital, and with no ambulance nearer than a mile.

I said just now that, in one of the busiest parts of the West-end, a circle a mile in diameter can be described which will not include a single police station. I will now give particulars :—

The locality is one with which most of those present are familiar, namely, Westbourne Grove, which at certain times of the day is one of the most crowded parts of the West-end. If a man were run over in this street, and so seriously injured as to make it dangerous to convey him to the nearest hospital—St. Mary's, nearly a mile distant—except in an ambulance, there is not such a conveyance nearer

than three-quarters of a mile, the two nearest police stations, namely, those at Paddington Green and Notting Hill Gate, being fully that distance.

I believe, that under existing circumstances, it would be found in practice that the ambulance would not reach the scene of the accident under twenty minutes from its occurrence. It is not everyone, by a long way, who knows where the nearest police station is situated, and the police constable himself cannot leave the sufferer, since, as a rule, he is the only person at hand who has any notion how to treat the patient. I am satisfied therefore, that the estimate above of the time that would elapse before the arrival of the ambulance is within the mark. The injured man could not be permitted to lie on the pavement all this time, and the consequence would be that he would be placed in a four-wheeled cab with the probable result before described.

In this connection I should like to narrate an incident which occurred the very next day after the foregoing remarks were written. On the morning of the 6th of February, a man was knocked down by a train at the Royal Oak station, and as the event proved, mortally injured. He was attended to on the spot by a medical man and a police officer, and the ambulance litter from the Paddington police station was requisitioned to convey him to St. Mary's Hospital. It took just twenty minutes, as I was informed by the police officer, to bring the conveyance to the man's side, which, considering the nature of the vehicle, of which I shall have more to say anon, reflected considerable credit on the person who performed the duty. This experience therefore confirms absolutely the estimate I had formed from my knowledge of the locality, of the time it would take to convey the litter to the spot.

Having stated my opinion that the extent of the existing provision is inadequate, I will now devote some attention to the ambulances themselves. The class of appliance which has been chosen, namely, the ambulance litter, is, in my judgment, by far the most suitable, taking everything into account.

When I remember, however, that eminent authorities

have on more than one occasion advocated the establishment of a horse ambulance system in the metropolis, I feel that I had better explain at once the grounds upon which I have formed the opinion above expressed. The main ground is that of expense. The question of Ambulance stations with coach houses, stables, and quarters for attendants, must be considered. They would have to be built, or suitable premises hired for the purpose, and the expense which would attend either course in a place where rents are so high as they are in London would, as will be seen at once, be so great as to be absolutely prohibitive. The cost of maintenance, moreover, would be vastly greater than that of Ambulance Litters.

The objection on the ground of expense is so weighty that I will not go into the others which I entertain to the introduction of horse ambulances, especially as this paper is already too long, suffice it to say that there are other, and weighty, reasons.

I approve, therefore, of the class of ambulance at present in use, but the vehicles now at the Police Stations are about as bad specimens of their kind as can be conceived. Those which I have seen are cumbersome, rickety, and antediluvian concerns which ought to be promptly abolished, especially as the litter now used by the St. John's Ambulance Association, which is the invention of Mr. John Furley, and is known as the Ashford Litter, is as nearly perfect as it is possible to make it.

This brings my criticism of the present system, or want of system, to a close.

You will doubtless think, however, that it is easy to find fault and point out defects, and will want to know what proposals I have to make for their removal. I will accordingly submit some suggestions.

REMEDIAL PROPOSALS.

As we have seen, the defects in the existing provision are two, namely (1) The unsatisfactory nature of the Ambulance Litter itself, and (2) the insufficient number of them. The

first of the two, though intrinsically important, is comparatively speaking of small consequence, and is susceptible of easy removal; the main defect is the second, and it is impossible to mention that, without the remedy at once suggesting itself. Obviously, it is to increase the number of ambulances, and provide additional stations in suitable situations. Although the remedy is so obvious, it is none the less a fact that there are two essential conditions, the observance of which constitutes a considerable obstacle to carrying it into execution. The conditions to which I refer are that the plans proposed must not entail any great expense, nor increase the work or responsibility of the police.

The following proposals will be found free from both these objections.

With respect to the question of expense, the real difficulty arises when we come to consider the matter of stations wherein the ambulances may stand under cover, and in safe custody when not in use. The mere augmentation of the number of the conveyances themselves, involves an expenditure which must of necessity be faced, and I do not contemplate that any serious difficulty will be experienced in raising the necessary funds. It is clear, however, that if the stations had to be provided by the erection of a number of small structures at the necessary points, the expense would be so enormous as to doom the scheme at the outset.

I therefore set to work to discover whether some existing buildings could not be found, the use of which might be obtained for this purpose in the same way as the police stations were obtained some years ago. The first practical idea which suggested itself to my mind was, that the stations of the Metropolitan Fire Brigade would go a long way towards meeting this difficulty if they could be secured, and I at once applied to Captain Shaw for information as to the number and situation of the Fire Brigade Stations in London. He most kindly sent me an immediate reply, giving me all the information I asked for, and also forwarded me a small map showing the position of the various stations. At small trouble I marked them on my large map, and found that in a great number of cases they stand just

where the additional ambulance stations are needed. There are forty-three of these Fire Brigade Stations within the four-mile circle, most of which are very conveniently situated for the purpose we are considering.

If therefore, Captain Shaw will grant standing room for an ambulance litter at each of these stations—which I feel sure he would be inclined to do if there were sufficient space available, which I believe to be the case, and if it could be done without inconvenience—a great step towards providing an effective system of transport for injured persons throughout the metropolis will have been taken without entailing the expenditure of a single shilling.

I have one very good reason for thinking that the Metropolitan Fire Brigade would not be averse to allowing their stations to be utilised for this purpose, and it is this: in cases of injury in connection with fires, the firemen would often find the ambulance of great service. At present there are no appliances whatever at the fire stations for the transport of persons injured at fires, and the placing of an ambulance litter at each station would therefore be a mutual advantage. Should the Brigade not see its way to falling in with this proposal, however, I venture to submit that it would be a good thing if they were to remove the imperfection, which I have indicated, in their otherwise admirable organisation, and I would suggest, if I might do so without seeming impertinent, that a couple of stretchers should be added to the appliances at each station. They might, without any trouble, be always taken with the engine, since simple means could easily be devised for suspending them under the carriage, where they would be ready at a moment's notice, and yet be in nobody's way. When I state that about 200 persons are injured at fires in London every year, of whom 55 lose their lives, I think you will consider that I am not placing undue stress on the necessity which exists for providing some suitable appliance upon which the sufferers may be readily and safely removed. All this, however, is by the way.

While speaking of the Fire Brigade, there is one other point which I should like to bring to your notice, since it

has some bearing upon the subject under consideration. Some time ago, I cut the following paragraph from one of the morning papers :

“ An important innovation is about to be introduced, in the effort to make London more secure against fire. The Metropolitan Board of Works are in communication with Mr. Monro, Commissioner of Police, to permit light ladders being kept for immediate use at each police station in case of fire. It is further suggested that each police station should have a fire-escape attached, as the police are nearly always the first to hear or give the alarm of fire.”

It occurred to me at the time, that if the police offer facilities for fire appliances being kept at the police stations, there is some ground for expecting the Fire Brigade to return the compliment, by finding a corner at each fire station where an ambulance litter may be placed.

If this scheme for the utilisation of the Fire Brigade Stations were an accomplished fact, however, it would not entirely meet the exigencies of the case. Some other buildings would therefore have to be found where it would be reasonable to anticipate that standing-room would be afforded for an ambulance litter. Fortunately, this is by no means impracticable.

In the first place, the hospitals themselves could be utilised in this way, which arrangement could be turned by them to good account by their requiring that, in return for the accommodation, they should enjoy the right to use the vehicles for their own purposes. The hospitals would thus be relieved from the cost of providing the ambulances, which, as I have before stated, I consider they ought to possess under any circumstances. It must be carefully borne in mind in this connection that the hospital authorities incur no responsibility beyond allowing the litter to stand in safety on their premises.

In the second place there are the railway stations. I do not speak at random on this subject, since I have been in communication with the managers of the different railway companies having stations in the metropolis, and the interest they have displayed in this matter, without exception, and

the readiness they have expressed in many cases to allow ambulance litters to stand on their premises, have been two of the pleasantest experiences I have met with in connection with the inquiries which I have found it necessary to make while preparing this paper.

Besides police-stations, fire brigade stations, hospitals, and railway stations, there are numerous buildings throughout the length and breadth of the metropolis, the owners of which would, I feel confident, be only too glad to afford a few square feet of space for so good a purpose.

If effect is given to these suggestions for turning existing buildings to account, the necessity for any outlay for ambulance stations will be obviated, and I think I am therefore entitled to claim for my proposals that whatever other exception may be taken to them, they are not open to objection on the ground of expense.

It will be remembered that the other essential condition to be observed in any proposals for perfecting the ambulance system is, that no additional work or responsibility shall be cast upon the police. So far from this being the effect of my suggestions, the direct opposite is the case. The responsibility of the police is not affected, and, as regards the amount of work they are required to do, the scheme multiplies the appliances for its performance, and places them in positions much more accessible than those in which they stand at present. Every police officer to whom I have spoken on this subject has complained of the insufficient number of ambulances, and the great distance between the stations. The trouble involved in going for one is consequently so great as to constitute a temptation to the policeman to shirk the duty whenever he can.

The adoption of some such proposals as those which I have just submitted to you will, I think, reduce the trouble to a minimum, and thus secure a far more frequent employment of these conveyances in future.

RECAPITULATION.

Having submitted my proposals in detail, and stated my views as to how they can be carried into practical effect,

I will now recapitulate them and estimate the expense which would attend their adoption. Briefly enumerated, they are as follows :—

1. To supplement the existing ambulance arrangements by placing stations in situations at present inadequately provided for ; each station to be supplied with an ambulance litter and the necessary accessories.

2. To open negotiations with the various authorities I have named, and with such others as may be decided upon, with the view of acquiring, free of charge, the use of premises where the conveyances may be stationed.

3. That an appeal be made to the public for funds for the purchase and maintenance of the ambulances.

4. That the conduct of the negotiations, and of the operations necessary for raising the required funds, be undertaken by The Hospitals Association, and that the Association appoint a Sectional Committee to transact this business and to manage the affairs of the ambulance service generally.

ESTIMATED EXPENDITURE INVOLVED IN THIS SCHEME.

I now come to the all-important question of expense, and I will consider it under two heads: 1, First Charge; 2, Annual Cost of Maintenance.

1. *First Cost.*—I calculate that about seventy additional ambulance litters will be required. The sum charged by the St. John's Ambulance Association for the Ashford litter is £11; but I dare say they would be able to make a reduction for a considerable number, so I will put the cost at £10 each. The first cost of the ambulances stands therefore at £700. There will be other expenses to be met at the outset, such as notices for the ambulance stations and for lamp-posts and other positions, indicating where ambulances are to be found; also sundry works that will probably be required for adapting some of the stations for the purpose. As I am of opinion that all these details should be carried out in a comprehensive and thorough manner, I estimate that an expenditure of from £300 to £400 will be incurred, say £350.

2. *Cost of Maintenance.*—The first item to be considered is the annual charge in respect of depreciation through wear and tear. Mr. Furley tells me that he thinks, from his experience, an Ashford litter would continue serviceable for twenty years. So as to be on the safe side, however, I will put it at fifteen years. The annual charge under this head would therefore be $\pounds 700 \div 15 = \pounds 47$. The litter would require to be periodically examined and cleaned. This, I think, could be done by one man, so as to ensure that each ambulance would be inspected once a month. The services of a thoroughly competent mechanic for this work, and to do small repairs, could be obtained for $\pounds 2$ per week at the outside; his tools and other necessary materials, and travelling expenses, would probably cost not more than $\pounds 26$ per year. These items amount to $\pounds 130$.

There will probably be sundry other expenses, such as repairs which the above workman could not undertake, printing rules, postage, etc., etc., and other items which it is difficult to specify beforehand. I think we shall be safe if we estimate these at a maximum annual charge of $\pounds 100$.

Summary of Estimated Expenditure.

First year :

Cost of 70 Litters	...	...	...	$\pounds 700$
Street Notices, adapting Stations, etc.	...			350
First Year's Maintenance	...			277
Preliminary Expenses attending Negotiations, Postage, Appeals, etc.	...			100
Total sum required to Establish an Ambulance Service				<hr/> 1,427 <hr/>

Annual Cost of Maintenance :

Depreciation through wear and tear	...	$\pounds 47$
Workman's Wages, Materials, Fares, etc.	...	130
Sundry Expenses, Repairs, etc.	...	100
Total Annual Income required	...	<hr/> 277 <hr/>

I now approach the end of the task which I set myself to perform. That the existing provision for the conveyance of persons injured or suddenly stricken with illness in the streets of London, is most inadequate, there can, I think, be no question. That one of the results of this is that many lives are sacrificed every year, which might otherwise be saved, I am convinced. In saying this I am giving expression to a conviction which is the result of personal observation, and which has grown in strength as my acquaintance with the circumstances attending the admission of accident cases to a general hospital has become more intimate. That those who have a longer and more thorough experience are of the same opinion I cannot doubt. To those, however, who do not possess that knowledge or experience, the fact is not susceptible of conclusive and striking demonstration, inasmuch as the mischievous effects resulting from the absence of ambulances are not palpable and glaring, but are beneath the surface, and are, moreover, attended by a striking incident—the accident itself—which throws everything else into the shade, and to which most naturally the ultimate fatality is so readily, though often falsely, ascribed. A man is run over in the street, taken to the hospital in a cab, and subsequently dies. Let it be granted that this is a case where, if the man had been conveyed in a recumbent position, his life would have been saved. The wife, on going to the hospital, learns that her husband was run over, and that he died of the injuries he received. It is almost inconceivable that the question should suggest itself to her mind as to whether the nature of the accident itself was such as to cause death, or whether its fatal termination was not due to the way in which her husband was taken to the hospital. No; he was run over, and he died, and these two facts are accepted by her as cause and effect. She is wrong, but who shall enlighten her. Those who witnessed the accident do not know the nature of the injury sustained, are, ten chances to one, totally ignorant of the fact that it is a matter of any consequence how the man is removed; he is conveyed they know not whither, and they never hear more of the case

till they see it narrated in the newspaper. The porters who remove him from the cab at the hospital do their work carefully and skilfully, but they know nothing, and care as little, about the nature of the case. The surgeons in the receiving room may see something that causes them—as is sometimes the case—to ask the porters how the man was brought, and may say, “He would have needed nine lives to have survived such a journey”, but it is no business of theirs to take any steps in such a matter, even if they concerned themselves at all about it, and their hands are full enough of their own work and responsibilities. And so the mischief goes on.

How often such cases occur in London I will not presume to say, but I have a great misgiving that they are not infrequent, and that, if the truth could be told, the public would be startled and shocked at the loss of life which results every year from the present inadequate and defective ambulance arrangements in the metropolis.

With these words I think I have satisfied, to the best of my ability, the duty which I accepted when I undertook to prepare a paper on this question. I do not know whether I should be accurate in describing this subject as one of the most grave and important that has been laid before this Association, but I am quite sure I shall speak the truth if I confine myself to asserting that there has probably been no occasion when the disproportion has been so great between the demands of the subject brought before you and the powers of the person submitting it. Of my shortcomings I am painfully conscious, and my thanks for the patient favour and kind attention with which you have listened to this long paper are the more sincere.

NOTE.

The criticisms and remarks in this paper are not applicable to the City of London. The City is, in my opinion, admirably provided for, both as to hospital accommodation and means of conveyance, and though, I daresay, the transport arrangements are, like most things

susceptible of improvement, I have not attempted, nor do I propose to attempt at the present time, to make any suggestions with regard to them. Although the area of the City scarcely exceeds one square mile, it has the second largest hospital in the metropolis within its boundaries, and there are six Police Stations having appliances for the removal of injured persons. The constables of the City Police are trained in the duty of rendering first aid to the injured in the same way as their brethren of the Metropolitan Force. With respect to the means of conveyance, stretchers, and not litters, have been adopted, and on the whole I am disposed to think this arrangement probably the best for a place like the City, where the shortest way between places any considerable distance apart is by narrow lanes and alleys, where it would, perhaps, be difficult to propel a wheeled litter with facility. Such, at any rate, is the opinion of the Inspectors of the City Police to whom I have spoken, and as they have practical experience to guide them, they are doubtless the best judges.

The Hospitals Association Pamphlets.

(No. 37).

THE WORK OF THE HOSPITALS ASSOCIATION,

BY
DR. J.  T. BRISTOWE, LL.D., F.R.S.,

The President.

THE Hospitals Association, which has now been in existence nearly six years, was born of a conference on hospital administration, initiated and organised by Mr. Burdett, and held under the auspices of the Social Science Association in July, 1883. The conference—which met under the presidency on the first day of Sir T. Fowell Buxton, Bart., and of Mr. Francis S. Powell on the second, and was attended by representatives of many metropolitan and provincial hospitals—came appropriately to an end with the adoption of the following resolution :

“Proposed by Dr. T. Gilbert Smith, seconded by Dr. Edward Seaton, and carried unanimously, ‘That the council of the Social Science Association be requested to invite the following attendants at the conference to form themselves into a committee, with power to add to their number, to consider what steps, if any, should be taken to secure combined action among hospitals, and to decide as to future conferences, and to take such other steps as may appear desirable: the Earl of Cork and Orrery, Viscount Powerscourt, Sir Thomas Fowell Buxton, Bart., Dr. (now Sir Henry) Acland, Dr. Bristowe, Mr. Henry C. Burdett, the Rev. Canon Erskine Clarke, Dr. R. Farquharson, M.P., Mr. S. Leigh Gregson, Mr. J. J. Gurney, Mr. Timothy

Holmes, Mr. J. B. Lloyd, Mr. Francis S. Powell, and Mr. Joseph White.'

Many others joined the committee, which ultimately brought the claims of such an association more prominently under the notice of the public at an influential meeting held at the Mansion House under the presidency of the Lord Mayor, Mr. Alderman (now Sir Robert) Fowler, Bart., M.P., on the 1st Feb., 1884, when a large number of representatives of metropolitan and provincial hospitals attended to support the formation of the association. After a statement by Major Ross, the chairman of the provincial committee, on the scope and objects of the society, Sir T. F. Buxton moved, Sir Rutherford Alcock seconded, and Mr. Timothy Holmes supported, a resolution to the effect that it is desirable to establish, under the name of The Hospitals Association, an organisation for the consideration and discussion of matters connected with hospital management.

A second resolution, moved by Earl Stanhope, and seconded by Dr. Farquharson, left the preliminary arrangements connected with the establishment of the association, including the appointment of the first council, to the provisional committee, which acted with such promptness that the first meeting of the council was held on the 5th March, 1884.

Nearly six years have elapsed since this meeting, and although it may be allowed that the association has not yet accomplished all that it hoped to accomplish, and although it has had formidable difficulties to contend with, no one who has watched its progress and studied its proceedings can hesitate to acknowledge that it has done much excellent work, and has fully justified its existence.

The aim of the founders of the Hospitals Association, and, indeed, of the association itself during its whole career, has been an ambitious one—namely, to promote the best interests of hospitals and infirmaries, and of all who are engaged in their administration; and to this end, to invite the co-operation of all persons interested in the work of hospitals, more especially presidents, treasurers, and governors, medical officers, apothecaries, chaplains, architects, stewards, and secretaries, matrons, sisters, and nurses.

Among the objects which would naturally come under the cognisance of such an association may be enumerated—(1) The construction and arrangement of hospitals, comprising the questions of situation, ventilation, cubic space, and drainage; (2) the domestic management of hospitals, including cleaning, washing, dietary, etc.; (3) the arrangements as regards the supply of medicines, surgical appliances, and the like; (4) the nursing of patients, and the comfort, welfare, and education of nurses; (5) the arrangements for the spiritual welfare of the

hospital inmates ; (6) the means of obtaining funds for the carrying on of the work of institutions wholly or in part dependent on annual subscriptions ; (7) the economical management of hospitals ; (8) the duties of hospitals in reference to the teaching of medical men and nurses ; (9) questions relating to the classes of patients to be admitted for treatment, and the terms on which patients should be admitted ; and, lastly, any question which may arise having relation to the treatment of the sick, such as the advantages or disadvantages of special hospitals and of provident dispensaries, convalescent homes, and the means of transport for the sick and injured. The above list is not exhaustive, but it doubtless comprises the more important matters that a Hospitals Association would naturally regard it as its province to deal with ; and it will be admitted that the list is a large and important one.

Now, it is obvious that many of these subjects are not capable of being dealt with usefully, in the first instance, with a large, heterogeneous body, but that they need to be studied and thought over by those who possess special knowledge and experience, in order that they may be placed before the large body in a form capable of easy comprehension by them. Hence the need of the appointment of special or sectional committees for the investigation of special subjects, and for reporting on them. This was foreseen from the beginning, and it was intended that, as far as possible, the different groups of hospital officials and persons directly interested in hospitals should form such committees, partly for mutual information, support, and benefit, but mainly with the object of determining amongst themselves the best methods of dealing practically with those departments of hospital management with which they were individually concerned, and then of bringing their matured conclusions before the association and the public for utilisation.

I may, perhaps, in relation to this branch of the subject matter of my paper point out that it has always been intended that the office of the association should contain a library of books, pamphlets, and reports on all matters (excepting purely medical matters) concerning hospitals ; that it should be a centre for the storage and diffusion of information with respect to hospitals, and for imparting such information to all enquirers ; and that it should be, in a small way, a rallying point and a club for all persons interested in the objects of the association.

I will now briefly consider how far the programme sketched above has been carried out. In the first place, the association has succeeded in bringing together the classes of representative persons among whom it looked for support, and at the present time we have on the council, and among the members, several noblemen who are interested in philanthropic objects and in hospitals, the treasurers and chairmen of the four largest metropolitan hospitals, physicians and surgeons of high eminence, hospital secretaries and architects, matrons or lady superintendents of hospitals and of nursing institutions, and others whose tastes or special work lead them to investigate or relieve the sufferings of the sick poor. I do not pretend that the numbers of our members are so large, or that the different departments of hospital work are so well represented as we could wish them to be, or as they should be. There are many reasons for this. What's everybody's business is no one's business. And there are many hospital officials who are excellent officers and do their own work well, but who, from various causes, do not care to travel out of their immediate grooves, do not recognise the need of association and discussion, are content with things as they are, and are well satisfied to leave the work of reorganisation and improvement, with all the trouble and annoyance connected therewith, to men of greater mental activity and energy. Unfortunately, too, the medical officers of hospitals, generally, whose special hospital work lies in the investigation and treatment of the cases under their care, have little time on their hands for the duties, and take little personal interest (notwithstanding that they deeply concern them) in the subjects engaging the attention of the Hospitals Association. Again, matrons and nurses are not so well represented in the association as they should be. The explanation is partly, no doubt, that their own work leaves them little leisure, that they are not rich in this world's goods, and that even a small annual subscription can be ill afforded. But it may be due in part to the secession of a few of these ladies from the society which took place about two years ago in connection with the ambitious and, as I think ill-advised, project for the registration of nurses, and the quarrel which some among them, on that account, fastened on the association. But notwithstanding these drawbacks and impediments to progress, the association keeps up its

numbers, and reckons amongst its members many of the most eminent persons in their several departments of work or walk in life.

Secondly, as already stated, committees for special duties have been from time to time appointed, and such committees exist at the present moment—the most important we have now in existence being the committee to organise and mature a street ambulance, consisting of Sir Sydney Waterlow, Mr. H. L. Bischoffsheim, Mr. Burdett, Mr. P. Michelli, Mr. T. Ryan, and Dr. Steele.

In the third place, periodical meetings have been held regularly every year, and many papers and subjects of great interest have been brought before them and discussed. Of these, the most weighty and beneficent was the paper on “A National Pension Fund for Hospital Officials and Trained Nurses,” read before the association by Mr. Burdett on October 12, 1887, and the paper on the conveyance of injured persons to the metropolitan hospitals, read by Mr. Thomas Ryan on the 20th March of the present year; the first of which resulted in the establishment of the National Pension Fund for Nurses, which the munificent donations of Lord Rothschild, Messrs. Hambro, H. Hucks Gibbs, and Junius S. Morgan so materially aided (as well shown in the report of the council presented to the second general meeting yesterday), is already successful beyond the most sanguine hopes, and promising to be a substantial boon to the nursing profession; the latter of which has resulted in the establishment of a powerful committee, to which I have already alluded, which is at present engaged in supplementing the inadequate and unsatisfactory ambulance arrangements of the metropolis by a street ambulance organisation of the most perfect kind.

I have now placed before you briefly an account of the Hospitals Association, a statement of the views and aims of those who founded it, and of those who have been chiefly instrumental in directing its proceedings down to the present time, and a narrative of the labours of the association and their valuable results. I now appeal to you—and through you to the public—to give the association your continued cordial support, and to aid it in the good work which it strives and hopes to achieve. It will, I think, be generally allowed that the objects of the society are unimpeachable, that there is a real need of such a society as ours, in which the varied interests concerning hospital management, and

the relation of hospitals to the sick, to the profession, and to the public, may be adequately discussed, and in which new schemes for the benefit of nurses and others, for the benefiting of patients and of the sick poor generally, may be ventilated, and put into practical shape. But if we are to discuss questions adequately, so as to elicit the truth with regard to them, and to be helped in these discussions with the best available knowledge of them, with a view to useful and successful action, it is obvious that those who know most about them should take an important part in the proceedings, and that their opinion and experience should be brought to bear upon them, and have their due influence. It is of the highest importance, therefore, that persons connected with hospitals should connect themselves largely with the Hospitals Association, and that not only should its members include treasurers, governors, chaplains, medical officers, architects, stewards, and secretaries, and matrons, and sisters, and nurses, but that as far as possible all hospitals and infirmaries, and similar institutions, should be adequately represented in it.

Objections have been made to the association, but all the objections I have heard, or seen advanced, are trivial, and more or less unfounded. It has been said that the association is pledged to certain views and certain lines of action with respect to hospital action and provision for the treatment of the sick poor, and that consequently it is useless and a waste of time for those who do not share the dominant views to connect themselves with it. It is true that some among us entertain strong opinions on certain questions, and are prepared to uphold these opinions, and push them with all our might. But how, I should like to know, would the world make progress if there were not vigorous and masterful minds ready and bold to lead or drive the weaker amongst us to victory or defeat? But, as a matter of fact, the Hospitals Association as an association is pledged to nothing but to use its best influence to promote the interests of hospitals, of hospital workers, and of the sick. It has adopted no theories. The association has been regarded as a mere assembly of busybodies, who concern themselves with all other persons' business except their own. This view is clearly untenable, for among its most active workers are men whose time is largely engaged. The association is an association representing hospital

interests. Other accusations have been brought against the association, but I need not allude to any more of them. It is sufficient for me to say that if there be any truth in any of them, they will cease to be valid as the association becomes larger and more representative, and when to prevent the possibility of any misrepresentation of hospital interests, it is only necessary that those interests should be well and sufficiently represented in the association.

Before concluding this brief address, I may call the attention of my audience to two or three important matters which the association has long had under its consideration, and which it hopes—in the interests of the charitable and suffering public—to assist in bringing (if it be possible) to a satisfactory issue. The first is the out-patient question, on which so much has been said and written, and about which so many complicated opinions are held. Within the last eighteen months several papers have been read before the association by those entitled to have an opinion on this subject, but who have dealt with it from quite different points of view. The question is undoubtedly one of great difficulty and even perplexity, but it is on the way to solution, and a body well fitted from its constitution to deal with it successfully is the Hospitals Association, in which all interests are represented. The second concerns hospital accounts and expenditure. No one doubts that there are many hospitals in which, notwithstanding the poverty, the expenditure of the subscribers' money is lavish and wasteful, and that such extravagant expenditure should be put astop to, but that, unfortunately, the accounts of hospitals are so kept that they convey no due information with regard to the details of expenditure, and are such different systems that the comparison between the expenditure of different hospitals is to a great extent impossible. As Mr. Burdett has long held, and urged before the public, hospital accounts should be required to be kept on a similar and intelligible system, and must be so kept if wasteful expenditure is to be checked. This is a matter with which we have dealt, and hope, with the assistance of the hospitals themselves, to deal effectively.

Lastly, I thank the authorities of Charing Cross Hospital for allowing the first meeting of the present session of the Hospitals Association to be held in their board-room. I feel it my duty to call attention to the important and gratifying fact that during the last two sessions the principal meet-

ings of the association have been held habitually, with the kind consent of the governors, in the board-rooms of London hospitals, and that the ^{committee} ~~committee~~ of the association, with the institutions it represents, is recognised on terms which we hope, as years progress, will be more and more intimate.

REGISTRATION FOR QUALIFIED NURSES.

By J. C. STEELE, M.D.,

Superintendent of Guy's Hospital.



FEELING keenly the necessity of establishing a public register for nurses who have undergone hospital training and have received, or from length of service are entitled to, certificates or diplomas of competency, I have willingly acceded to the request of the council to contribute a short paper to its transactions explanatory of my views on the subject. From some facts which have come to my knowledge since, I find that the question has already been exercising the minds of many members of the Association, and that a scheme has been already prepared, by which the important desideratum is sought to be obtained. Any remarks I may make will have but small reference to this particular scheme, the main object of the paper being rather to elicit opinion as to the best basis on which a system of nurse registration should be organised, and the advantages likely to accrue from it. Our earnest desire is to secure your aid and the aid of all interested in the "divine drudgery," to help forward a work which must sooner or later cap the efforts that have been made, and which are now in active operation, for the purpose of perfecting this important branch of women's work. The far too familiar term, "trained nurse," so constantly besetting us in our walks abroad, or at home in the advertising columns of the daily press, carries with it an assumption that the happy possessor of the title has undergone some kind of probation or apprenticeship to the art she professes, or is professed for her by proxy, and the world is satisfied that it is dealing with no novice in the craft.

The too-credulous world, unaccustomed and indisposed as it has been hitherto to differentiate between the shadow and the substance, is at length, although by slow degrees, becoming alive to the fact that there are nurses and nurses. We who are privileged to see much behind the scenes were aware of the paradox long ago, but it takes a long time before society at large can penetrate these mysteries. We have only to make a few inquiries into the antecedents of some members of the nursing republic to find that there are hundreds, I might with equal confidence say, thousands, and respectable women, too, who have either not had any hospital training at all, or, at best, it has been of the most meagre description. Yet such claim and take a position in the commonwealth on a par with women who have probably spent some of the best years of their early life in acquiring a practical, and, in many instances, a theoretical knowledge of the art. To meet this injustice, there is a feeling abroad that the time has arrived, not a bit too soon, when by a process of evolution the vocation of nursing may safely assert its claims to a higher life, and that its reasonable request to be recognised by the State as well as by the community as worthy of legal protection should be voluntarily conceded. Such an achievement can only be accomplished by giving to nurses the power of combination, with the privileges of a corporate body, and through the instrumentality of systematic registration, controlled by a central authority possessing the confidence of the various nurse training schools, the medical profession, and the general public.

Let us see what has already been done to initiate and to forward the movement. You do not expect me to recapitulate the history of the nursing question with its troubles and trials during the last thirty years of which you have all heard to satiety. It is sufficient for our immediate purpose to refer to its present social organisation, to the means employed to render the nurse's services effective, to some difficulties which we may still have to surmount in our attempt to preserve autonomy with regard to periods of probation, curriculum of study, and the bond of union which ought to subsist between the hospital and the nurse after her services termi-

nate. It is now pretty well known that at the chief centres of medical education in London and the provinces, side by side with the clinical instruction imparted to medical students, there are training schools for nurses, each large hospital preferring to have its own attendants reared on the premises to being indebted to outside help. Further, to extend the privileges of the hospital nursing staff to the rich, which till within the last few years had been almost entirely confined to the poor, the services of a large and increasing number of qualified nurses, recruited direct from the hospital, are utilised in nursing institutions co-operating with the hospitals. Nearly every large hospital has now such an establishment affiliated with it, and many others which have not made the addition are contemplating its expediency. These nursing institutions, together with others under private management, absorb a very large number of women who have finished their hospital training, in London alone, probably as many as are engaged in the general hospitals. It consists also with one's experience of the fitness of things that many nurses mentally and physically prove to be better adapted for private than for hospital work; and as usually happens, their own leanings attract them in the same direction, it is fortunate that facilities are thus afforded them to pursue their calling under the eye of the parent establishment. To supply the dual demand, and bearing in mind the fact that a considerable proportion of the women break down or are found to be otherwise incapacitated for the work before their engagement is over, it has become a matter of necessity that there should be a continuous stream of recruits of an eligible character ready to fill the gaps occasioned by the departures. In their initial engagement it is the custom in all the leading hospitals to require the novice to sign an undertaking giving her services for two or more years, the usual period being three years, the first year of which she acts as probationer or nurse's assistant, and the remaining two as ward, staff, or regular nurse. During the year of probation she is moved from ward to ward, that she may gain a knowledge of medical as well as of surgical nursing; and in many hospitals lectures and practical demonstrations are occasionally given

the probationers by the medical officers as well as by the matrons. On the expiry of her three years' engagement, whether the nurse elects to leave the hospital or not, she is entitled to a certificate if she has performed her duties satisfactorily, which certificate ought to be, and is usually, signed by representatives of the lay and medical authorities of the hospital and by the matron, who probably is the best judge of the nurse's capabilities. One would suppose that a document of this nature would obviate the necessity of a public register, and no doubt it does to the initiated, but these, unfortunately, form but a small minority of the general public, and in too many instances, where the term certificated is employed, the claimant makes use of testimony of a very different complexion. Over and over again I have known discarded nurses fill offices of trust and responsibility on the strength of their hospital training, supported by the testimony of some kind friends they have made in the hospital, who were either ignorant of their shortcomings, or were disposed to look upon them with indulgent forbearance. Now a nurse possessing testimonials of this character, speaking literally, has a certain claim to call herself both hospital-trained and certificated. We have abundant proof that many are not slow to take advantage of the claim, but the fact discloses certain informalities in our present arrangements calling for correction. Nor am I by any means sure that the official certificate or diploma to which I have referred (although approaching the requirements of the proposed register) always conveys evidence of a similar and conclusive character as to the limit of time the nurse has been engaged in acquiring a knowledge of her profession. It is certain, at all events, that in some hospitals, chiefly provincial, nurses are certified as qualified to tend the sick after one year of hospital training. We are all, I think, agreed that this is too short a time to test the qualifications of a nurse, who may possibly be destined for the remainder of her days to be engaged in private or in district work.

We all know that in the leading hospitals ladies are taken on for training on the payment of certain fees, for periods varying from three to twelve months, and in some institutions, not in all, certificates are granted by the authorities at the

end of their year of probation, provided they have performed their duties satisfactorily. I have much sympathy and indeed admiration for those who voluntarily undergo the severe ordeal. It may be that their self-abnegation, their previous educational advantages, and their earnest desire for clinical experience are rewarded with a quicker return than falls to the lot of the ordinary probationer, but are we on that account to shorten the curriculum in their favour? I think not. It would be invidious in the extreme to make a distinction between the two classes. No one nowadays would have the courage to suggest it, but I will explain further on how I hope to surmount the difficulty as regards the registration.

Having regard to the fact that some diversity still exists in some hospitals with respect to the training curriculum, it is highly desirable that whatever arrangements are now in force or may in future be contemplated, should be controlled by a central authority to see that no one is entered on the register, whose character and antecedent qualifications are not up to the mark. It is sufficiently clear also that the first duty of this authority must be to preserve a certain autonomy in the various training schools throughout the country with regard to the requirements of the register, and to fix with this object a minimum curriculum.

Although personally disposed to make the register, in the first instance at all events, as elastic as possible, I feel very strongly the necessity of restricting it to those only who have had hospital training and experience in medical and surgical nursing. Should specialists protest against their exclusion, my reply would be that the register was never intended for them, unless in the first instance they had undergone a suitable course of experience in medical and surgical nursing, and if the evidence is forthcoming there is no reason why the special qualification should not be annexed to their names on the register. On the above grounds I would be inclined to enter my veto against the names of midwives, monthly nurses, lunacy attendants, masseuses, and others being entered, unless they also possess the double qualification.

Now, with respect to the all-important question as to the

time which ought to elapse in the course of her career before a nurse should be entitled to place her name on the register, or, in other words, the length of the curriculum. It may help us in part to solve the question if we notify the requirements of the various London training schools before a nurse can lay claim to her certificate, for it is clear that no nurse's name can appear on the register until her preliminary engagement has expired, and she is able to produce satisfactory proof of her competence. Let us see what are the regulations as to time at the hospitals associated specially with nursing institutions. The London Hospital, two years; St. Bartholomew's, three years; Guy's, three years; Westminster, three years; Middlesex, three years; University College, three years; Charing Cross, three years; St. Mary's, two years; Royal Free Hospital, two years; St. George's, three years; Homœopathic Hospital, three years. St. Thomas's is not included, as the nursing under the Nightingale Fund retains its connexion with the parent institution for an indefinite period, although nurses are sent from the hospital on various missions after one year's probation. It may be noticed that by almost general consent the time of probation and supervision extends over three years, the main exception to the rule being in the case of the London Hospital, where it is limited to two years. Miss Lückes however, informs me that in the event of nurses leaving the hospital for other work at the expiration of the period agreed on, she still retains a certain hold on them on account of her recommendation enabling them to fill similar offices either in hospitals, infirmaries, sick asylums, or nursing institutions. Possibly it may be found necessary to apply a modified rule to nurses who serve only one year in the parent hospital and two or more years in institutions co-operating with it; provided always that the nurse at the end of the curriculum can show evidence that her work has been performed satisfactorily. No doubt it would be vastly preferable, if the nurse had it in her power, to show but one certificate instead of two, as evidence she has served her apprenticeship at one hospital instead of two or more; but to meet the exigencies of many provincial, and possibly of some London hospitals, it is desirable in the first instance, that the register should be esta-

blished on a somewhat broad basis. Now with respect to lady pupils, or lady probationers, a somewhat similar rule might be observed, although their case may be a little exceptional. Some of them are, after their probation, absorbed into the general business of the hospital; others are appointed head nurses or matrons of small hospitals. In either case there would be no hardship in their waiting their time to be enrolled on the register. A considerable proportion, however, after their three, six, or twelve months' probation is over, retire into private life, having in a measure fulfilled their mission. I confess I do not see my way to place such on the register, and I feel sure that they themselves would not consider the rejection a grievance which would be equally applicable to their less fortunate sisters.

You may gather from my remarks that I consider no one should be entitled to place her name on the register unless she can give satisfactory proof of having been at least three years engaged in nursing the sick, one year or more of which she has spent in a public hospital and the rest of the time in an institution or institutions more or less co-operating with the hospital. Further, that unless she can produce evidence from her employers that she is thoroughly acquainted with medical and surgical nursing, and is in every respect trustworthy, she ought not to be considered eligible for enrolment on the register. With respect to our present race of sisters and nurses who have served us faithfully, many far beyond the allotted term of three years, I would be disposed to recommend that they should be placed on the register *en bloc*, their claim to the distinction being indisputable. Under whatever auspices the register is established, as established it must be at no distant date, it will probably be found necessary, as is the case in all similar organisations, to require each candidate for registration to undergo some kind of examination, practical or otherwise, to test her capacity for nursing. This would be in addition to the certificate of the training school, but I have no desire to press this rather formidable matter, and anticipate events which must be left to the discretion and foresight of those to whom the registration is entrusted. The subject, however, leads naturally to the all-important question, With whom are we

to register? Now, if a register for nurses is to be established at all, it must derive its authority from, and be under the protection of, some well-organised centre, possessing the confidence of the State, the various nurse-training schools, the medical profession, and it would follow, as a matter of course, the general public. Although I am reading this paper at the instance of The Hospitals Association, I am not prepared to say that it is the very best authority to delegate with such a grave responsibility. The Association is still young; it does its best to secure the good opinion of hospital authorities in London and the provinces, and is to a certain extent successful; but it is a voluntary society, lacking legislative power, and all those helps which a body constituted for a definite purpose has at its command. The most important object for which the General Medical Council for the United Kingdom was called into being was the education and registration of duly qualified members of the medical profession, and it has occurred to me as well as to others, that although the Medical Council may possibly be averse to taking up any subject outside its original commission, there is none in which the members or their constituents can have a deeper interest than in the protection and well-being of their immediate helpmates in the treatment of the sick. Time presses, the subject has been too long in abeyance, and the honest and industrious worker suffers by competition with the novice and the charlatan. It is earnestly to be hoped from the great power and stability which would be given to the organisation that those authorised to regulate medical education in this country will be induced to extend their good offices to their female coadjutors, and if this Association is to be of any use at all to hospitals it can hardly engage itself to better purpose than in initiating and discussing the principles on which a scheme of registration should be founded. The matter ought to be referred at once to representatives from the leading hospitals to obtain the necessary information enabling them to concoct a scheme which would prove acceptable and binding on every nurse-training establishment in the country. Unity of purpose once acquired there will be no difficulty in obtaining legal sanction for its development, and it may become a moot question whether, under these circumstances,

the hospitals could not of themselves combine, under a charter of incorporation, to form a council or syndicate for registration.

With such a novel and extensive organisation as may fairly be anticipated, it is doubtful whether in the first instance it would not be better to restrict the register to England and Wales. Our troubles are supposed to increase the further we are removed from the centre, and one eminent authority has suggested to me that we should first feel our way by confining the registration to the metropolis, but I scarcely think the association will be inclined to act on the suggestion.

The expediency of the registration being conceded, we must not close our eyes to the fact that, apart from its inception, there are numerous difficulties that we will have to contend with in its future application. My experience has taught me that nurses as a rule are a very nomadic race, a fact attributable no doubt to the nature of their vocation, although something must be allowed for an inherent desire for change which possesses a great number. After serving for a period in one institution they migrate to another, and another, and ultimately disappear, whether into private life or private practice it is difficult to say. I don't doubt that any difficulty that may arise from their removal from place to place may be easily obviated by their keeping the registrar fully informed of their whereabouts, but I am not so sure of another contingency, constantly embarrassing us in our dealings with nurses. One could hardly gather from Mr. Burdett's interesting exposition of the basis on which a provident superannuity fund should be framed for nurses, that he allowed sufficiently for the common accident of marriage among them. I regret I have no very reliable statistics of a special character to guide us on this point, and that I must fall back on the returns of the last census for England and Wales, showing the probabilities of marriage between the sexes. Well, the Registrar-General informs us that between the ages of twenty-five and fifty-five, a fraction over four-fifths, or eight out of ten, of the women living are either married or widows, and we have no reason to suppose that nurses go to swell the minority. On the contrary, as there is a very general presumption that they make the best wives and

mothers, their chances of matrimony, I should say, were considerably above the average, raising it probably ten per cent. higher, and thus leaving only one-tenth of their number unmarried at the age of fifty-five. Are nurses to be excommunicated from the register because they get married? I think it would be very hard on them to suggest such a course, unless they desire it. Lady doctors do not appear to give up practice when they get married, and nurses have a much stronger claim on us than lady doctors. In case of such an event, however, occurring, it will be of prime importance that the registrar should be communicated with and made acquainted with the change of surname. I refer to this obvious fact because, in my own experience, and I have no doubt in the experience of others similarly situated, considerable obscurity arises in correspondence bearing on the character and antecedents of former nurses who have married, have subsequently become widows, and have relapsed into their old occupation. Here the register would prove most useful.

From some remarks on nursing by Dr. Richardson, of Boston, Mass. ["Duties of Nursing in Private Nursing," Field and Tuer, Leadenhall Press], I find that the American public have a just appreciation of the benefits accruing from a nurse register. He tells us that a register is now kept in the chief cities of the Union, where a nurse, although a stranger, can have her name and residence entered on the production of her diploma, and it appears that the demand for the services of the craft is now so great that a nurse coming from one or other of the thirty or more training schools is almost certain of immediate employment. Although the system of registration in use in the American cities may be somewhat different from that I am contending for, it shows that the people are alive to the necessity of distinguishing between the true and the spurious article. Our aim must be the same, and unless we can inaugurate a register possessing the confidence of the public, and entry to which must be more or less obligatory on all graduates from the various training schools in London and the provinces, we had much better relinquish the attempt altogether.

The important services which women of good character and

attainments can render to the community in times of sickness, have long since been recognised by the civil population, and are now happily being more and more realised by several departments of the State, in the appointment of such to naval and military hospitals at home and abroad, to sick asylums, union infirmaries, and to other institutions, chiefly under the jurisdiction of the local government. It is but fair to both parties, employers and employed, that there should be a common understanding between them respecting the qualifications necessary to fulfil the duties of such appointments, and this we confidently anticipate by means of the register, which would be equally serviceable for voluntarily-conducted charities and for the general public. But a register for hospital-trained and certificated nurses can hardly be accomplished in a day. It took many years before a similar register was obtained for qualified practitioners in medicine, and there are many aspects pertaining to this question which would be all the better by being thought over and discussed. I believe we have now from twenty to thirty nurse-training schools in the country, chiefly attached to large hospitals, in which women are systematically trained. I do not despair of bringing these separate establishments to a common understanding as to the qualifications and curriculum desirable before a nurse can be entrusted with a nurse's responsibility, and when we have done this we can go to the Medical Council, the Privy Council, or any other authority having the power of obtaining for us legal sanction for the register. I believe I have shown that the record has become a necessity of the age. It may happen that its requirements may be very soon put to the test. Her Majesty the Queen has expressed a wish that the money presented to her by the women of England as a jubilee gift should be used for the benefit of nurses and nursing institutions. It would be difficult to conceive a more appropriate object, but when the question is asked who are the nurses and which are the institutions entitled to benefit by Her Majesty's bounty, the almoners, in the absence of a register or any system of nurse organisation, will find its solution an almost impossible task. The same difficulty, I apprehend, will crop up at all attempts to form pension funds and other measures in contemplation for the

benefit of nurses, and I am not at all sure that the committee of distribution, whoever they may be, could confer a greater boon on the whole nursing profession than by their obtaining for themselves legal authority to establish the register.

In towns, villages, and rural districts in this country, as in India, trained nurses, properly certificated, are wanted, not alone to wait on the sick, but to enforce by precept and example those measures of precaution which every-day experience proves are all-powerful in restraining, if not in warding off disease. It remains for those who have long felt an interest in the subject to endeavour to mould this great body of workers into one uniform whole by obtaining for them the powers and privileges of a legal corporation combining the sacred character of their vocation with the public weal.

THE
POSITION AND PROSPECTS
OF THE
National Pension Fund for Nurses.

THE idea of the National Pension Fund for Nurses had its origin in the necessities and distresses of those who, during a long lifetime, had given themselves up to the care and nursing of the sick poor. The founder of the Fund, himself at one time a hospital official, and therefore necessarily brought into contact with nurses of all ages and conditions, was impressed, from time to time, with the hard fate which in old age often befell those whose lives had been spent in self-denying work.

It appeared to him, as it must seem to us, that the honest labourer was worthy of her hire, and that it could not be other than a cruel necessity which permitted a life of devotion to be closed by an old age of destitution. If it were right for the sick poor to be attended, cared for, and restored to health by nurses, it could not but be wrong that those nurses themselves, when they could work no longer, should fall into poverty and distress. Thoughts like these constantly engaging the attention of a practical mind, grew at length into a hope for better things. The hope finally expanded into a purpose, and the purpose has now become an accomplished fact. The National Pension Fund for Nurses is now an established institution, with a visible embodiment, a "local habitation and a name."

Exactly a twelvemonth ago a meeting of The Hospitals Association was held in the large room of the Society of Arts, to consider the question of a National Pension Fund

for Nurses. At that meeting Sir Andrew Clark, Bart., now President of the Royal College of Physicians of London, occupied the place of President. There was an attendance of matrons, nurses, hospital managers and officials, numbering not less than 500 persons. Mr. Henry C. Burdett read an exhaustive paper, which was followed by an enthusiastic and practical discussion. The net result of the meeting was that it was decided to form a committee of The Hospitals Association to co-operate with Mr. Burdett in the establishment of a National Pension Fund for Nurses. The committee did not allow the grass to grow under their feet. At the beginning of the present year—that is, within a few months of the reading of Mr. Burdett's paper—it was announced that the necessary conditions of the Acts of Parliament having been fulfilled, the National Pension Fund had commenced its career, and was open to transact business. One of the prescribed conditions was that £20,000 should be deposited with the Court of Chancery as a special security for those who should hereafter entrust their money to the keeping of the Fund. This condition, which for a time seemed almost impossible of fulfilment, was met by the generous and unexampled munificence of four City merchants, Lord Rothschild, Henry Hucks Gibbs, Esq., E. A. Hambro, Esq., and Junius S. Morgan, Esq. In addition to this, one of these merchants, Mr. Junius S. Morgan, as all the world knows, gave as a special gift to the Bonus Fund the splendid donation of £5,000. Other smaller sums were contributed by those who were interested in the movement, making together a total amount of £26,000. Mr. Burdett had himself paid all the initial expenses, including charges for actuarial calculations, legal assistance, printing, and so forth, amounting to not less than £500; so that when the scheme was launched, there was to its credit at the Bank of England a clear sum of £26,000 or more, with no liabilities.

The Fund may be said to have commenced with a “flourish of trumpets,” so generous and unexpected was the aid which came from many quarters.

No sooner were the doors of the office opened, than

from every part of the nursing world, from hospitals and private institutions, letters of inquiry poured in. It had been determined that unless a thousand policies should be taken out within two years from the date of the Fund's establishment it should be wound up. But within three months of its commencement nearly two thousand letters and applications for prospectuses had been received. Now, however, there seemed to be a prospect of unexpected difficulty, and that from a quarter which, it might have been thought, would have been eager to offer help. The *Lancet* newspaper, for some unexpected and unexplained reason, thought it necessary to assail the Fund with virulent feeling, bad logic, and doubtful facts. Week after week the editors rattled their stage-thunder, and seemed bent upon the destruction of the object of their fury. Letters of explanation written by the responsible actuary, Mr. George King, were refused insertion. It is well known that Mr. King is one of the most eminent and trusted actuaries of the present time. So much, indeed, is this the case, that Mr. King has had conferred upon him the distinguished honour of being selected to complete the Standard Text Book, issued by the Institute of Actuaries, upon the "Theory of Life Annuities and Assurance." Notwithstanding this, everything was done which an unreasoning, malignant, and determined enemy could think of. Whilst other newspapers of all kinds, both daily, medical, and insurance, were giving the Fund their unqualified support, whilst independent actuaries were saying that the scheme was of the soundest and most trustworthy character, the *Lancet* still remained deaf, blind, positive, and immovable.

Fair criticism is to be encouraged and heeded. Criticism as such is not and does not imply hostility unless it is intended to be hostile. Yet I have no hesitation whatever in denouncing the criticism of the *Lancet* as being founded in pique and expressed in ignorance. The *Lancet* has thought fit to state in a recent number that those to whose hands the administration of this Fund has in practice been committed, seem to be unable to appreciate even the most

obvious conditions of the problem they have undertaken to solve. This is of course intended for me, but I am quite willing to leave myself in the hands of those most deeply interested in the success of the Fund. The Nurses—they shall be my judges. The editors state, that in consequence of their criticisms, suggestions made through their columns have been adopted, and that their general influence has been beneficial. But I say emphatically that no alteration in general principles has from first to last been made. So far as regards the internal administration and the organization and extension of the Fund, I introduced certain subsidiary changes when undertaking the management, but these had nothing whatever to do with the *Lancet's* remarks, and I doubt very much whether they would be understood by the editors even if explained. The *Lancet* has recently thought fit in matters medical to try to dictate to the profession. That it has suffered for its ill-advised interference is notorious; and in presuming to interfere as it has done with insurance affairs, of which it has shown its utter and complete ignorance, we need not be surprised that it has made itself still more ridiculous. But “all’s well that ends well.” Our thanks are due to the *Lancet*, for its action has had an effect for which the editors were not prepared. Whatever feeling of just resentment those interested in the Fund might have had at the moment, they have now forgotten in consideration of the good which has resulted. Among other consequences of the attacks, these may be noticed—that many who were formerly indifferent became warm friends of the Fund; the actuary, Mr. King, and others connected with it devoted themselves to its interests with greater energy; I, myself, animated by feelings of strong sympathy, accepted with enthusiasm an offered share in the conflict; and, more than all, Dr. Bristowe, the honoured and trusted President of The Hospitals Association, gave himself up to an original and thorough inquiry into the merits of the Fund, sought the mature judgment of an independent actuary of the highest standing, and prepared a paper on the subject which for accuracy, simplicity, and

fulness leaves nothing to be desired, and which as a piece of polemic, to use a popular phrase, "knocked the *Lancet* into a cocked hat."

No such involuntary advertisement, at once so inexpensive and so successful, was surely ever given to a new and struggling scheme. As the result of the *Lancet's* work, more and more letters poured in from all sides. The letters became inquiries and the inquiries proposals, until the Fund had so much business on its hands as to threaten to come to a dead-lock. At this crisis it was seen that the business could only be successfully and promptly carried out under the management of officials trained and experienced in insurance affairs.

On my appointment at this juncture I made it my duty to undertake a careful investigation of the affairs of the Fund as they then stood. I found, as I have already stated, that there were hundreds of letters of inquiry, and a very large number of proposals on hand. With the utmost possible rapidity we set to work to complete proposals already made, and to answer inquiries, some of which had been waiting for weeks and even months. It seemed necessary that the Council should at this time know exactly how affairs stood. At the conclusion of my investigation I prepared a formal report, together with proposals and suggestions for the future management of the Fund. This, after approval by the Council, was adopted, and ordered to be printed.

The next thing that seemed to me necessary to be done, in order to further the business of the Fund, was the issue of a new prospectus. Previous prospectuses had proceeded on the lines of ordinary assurance office publications. It had been taken for granted that nurses would not only see the advisability of joining the Pension Fund, but would also have sufficient mathematical skill to unravel the intricacies of Table A, Table B, Table C, and so on. But the writer of the prospectus had reckoned without his hosts or hostesses, who probably better understood the sweet simplicity of the Three per Cents. The ladies did not show a comprehensive knowledge of figures. On the contrary, to judge from their questions, many were as hopelessly at sea as

though they had been asked to demonstrate the *Pons Asinorum* or to construe a passage of Chinese.

A new prospectus was therefore commenced without loss of time. Its object was to show clearly and convincingly to nurses the desirableness and necessity of making provision against old age, to point out to them how this could best be done, to explain each table so fully and simply that every nurse of ordinary intelligence might be able to select that particular table which best suited her own case ; and further to emphasise and impress upon all this fact, that if provision were to be made the sooner it was commenced the better. In the preparation of this prospectus I here acknowledge with much pleasure the help I received from the sympathy and literary experience of Dr. George W. Potter, the acting editor of *THE HOSPITAL*—than whom the National Pension Fund has no sincerer or more reliable friend. In everything I have undertaken in connection with the Fund Dr. Potter has been my constant and faithful adviser, and I may say that without his interest and co-operation the prospects of the Fund could not have been so fair and promising as they are to-day.

No sooner was the new prospectus issued than its publication was amply vindicated. In the course of a few weeks proposals became tenfold more numerous than they had been at any previous time. At the present moment there have been filled up, completed, and signed nearly 500 definite proposals. Of these almost all have already been carried through, and the rest, it is expected, will be completed within two or three weeks. Of the proposals completed and carried through over 200 have already been paid upon, and the amount up to the present time received in premiums from nurses is about £3,500.

The present position of the Fund therefore is briefly this : It has passed the embryo stage and become a fully developed organisation. It has a registered office, a Council of Management consisting of some of the most eminent financiers of Great Britain, a working staff which includes an actuary, a manager, a secretary and clerks, together with all the other accessories of what is known in business parlance

as a "going concern." The coach has been built, the team harnessed and put to, the coachman placed on the box, a load of passengers put inside, and everything completed for the start. Let us now see what are its prospects for a prosperous journey.

And first as regards Finance.

If any undertaking ever started under fair auspices this surely is one. Taken in hand at the outset by an enthusiastic believer in its necessity and value, who was himself, at the same time, a man of large experience in financial affairs ; passed by him through all its early stages absolutely and entirely at his own cost ; when brought to a condition such as made its public launch desirable and necessary, to to be then looked favourably upon by wealthy financiers, and to have its safety absolutely secured by a most generous deposit of their wealth on its behalf ; in addition to this, to have had the press from the *Times* downwards almost unanimous in its favour ; to have had hospital managers, physicians and surgeons, matrons, sisters, and nurses of every degree looking on with hope, with pleasure, and with approval—if this does not mean a fair and prosperous start, then no such thing as a fair and prosperous start was ever known. What can constitute a surer guarantee of a successful voyage than a good ship, well manned, piloted by skilful hands, and stored with all the resources that knowledge and experience can devise ? The prospects of the Pension Fund, under these auspices, are so fair as to give an absolute guarantee that the voyage will be safely and successfully performed. There can be no doubt whatever that every nurse who trusts her savings and her future well-being to the care of this noble ship of fortune will see the voyage completed, so far as she is concerned, with not only such a pecuniary gain as she has been led to expect, but with additional treasure gathered from many a distant port.

Our business here to-night is not only to wish well to the Fund, but also to enlist volunteers to sail under its flag. In the olden times, when Jack put to sea he expected, as a certain reward, his wages and his grog in addition.

But there was always a prospect of more or less prize money as well. Those who entrust their money with this Fund may be certain of their wages, though we say nothing about the grog. But Jack's fond expectations of prize money may very properly also constitute a generous part of the nurse's hopes. We fully anticipate that there will be much more prize money during the voyage of the Pension Fund than usually accrued to Jack for his brave and toilsome service. Nurses have advanced in public estimation more rapidly during the past twenty years than any other class of people. Almost everyone who has had reason to make the personal acquaintance of a sick-nurse would desire to help her and to show his appreciation of her services in some way ; whilst hundreds, and in course of time thousands, no doubt, will be so grateful for services rendered as to insist upon doing something, either for the whole body or for particular individuals.

This Fund seems to be almost the only thing that was needed to make a sick-nurse's calling and life ideally complete. The work of nursing is in itself of such a kind as to give the highest satisfaction to that noblest of all passions, the passion for doing good. Not only so, but the general response of the people to the nurse's womanly instincts and work partly fills out, so to speak, the ideal picture of her calling. But there still seems wanting this one thing—that the nurse herself shall be, in old age, tenderly regarded and cared for. This is not possible so long as her sole support consists in weekly wages which cease when she can work no longer. There is then a blank left, a sad, pathetic, and heartbreaking blank. That blank may consist of years of penury and misery during the helpless period of old age. That blank this Fund will fill up ; and if nurses have but the wisdom (as we feel sure they have) to avail themselves of it, we know no profession which, either in its personnel, in its work, or in its rewards, will then be more ideally noble and complete than that of sick-nursing.

Personally I have no hesitation whatever in advising and urging upon nurses the desirability of joining the Fund. In doing so they will in no sense be sacrificing their

independence or their self-respect. For although it will be largely added to by liberal donations from the public, we cannot call these donations gifts of charity. They are gifts of gratitude, returns for services rendered; so that no nurse, be her pride what it may, need for a moment hesitate to take full advantage of the provision now offered. So far as lies in my power—and I am sure the Council entertain entirely the same purpose—nothing shall be wanting to make the Fund economical in every department, profitable in every department, and successful in every department. It is our intention to spend not one penny on unnecessary outlay, either in the way of office expenses, advertisements, or any non-essential thing. As for the Council of Directors, unlike all other directors, they are not guinea-pigs, but do all their work without fee or reward. The only monetary relation they each and all sustain towards the Fund is that of most generous contributors to its resources.

I desire to impress upon all nurses who think of joining the Fund, the necessity that exists for their doing so immediately. And this is my reason for insisting upon the point : that it is impossible for the Fund to make a general appeal to the public for donations until it has fulfilled the conditions of the donors and has secured a thousand policy-holders. It is of course certain that the thousand will join in less than the two years given as the limit for obtaining that number, but for the purpose of making the Fund more immediately prosperous by donations, and therefore able to give larger pensions, nurses ought to join, not within two years, but within one, or rather at once. In May last, as has been stated, Dr. Bristowe read his admirable and convincing paper to the members of The Hospitals Association. That paper I commend to your sober and intelligent consideration.

One word to hospital managers : Every reasonable man will concede that where a hospital takes the services of a nurse during the whole or the greater part of her active life, that hospital is indebted to her for more than the mere wages it gives. If those wages were large, so that every

nurse could by fair economy put by a provision for her old age, then we should hold hospitals to be exempt from any claim at the hands of the nurse. But who knows better than hospital managers that no adequate saving is possible out of the wages that nurses receive? Therefore it is the most elementary duty of a hospital at least to *help* to make provision for faithful nurses in advancing age. The Council of the Fund have devised certain methods whereby hospital managers may contribute a definite proportion towards the security of pensions for their nurses. The Fund holds itself at all times ready to enter into communication with hospitals as to the adoption of other methods than those already promulgated for the same purpose. It is for hospitals themselves to consider on what terms they will help their nurses, and it is for nurses to so conduct themselves as to merit any and all the help which hospitals are prepared to give. What I say is this, that no woman who gives herself up to sick-nursing for the whole of her active life should ever be allowed to want when she can work no longer. That is the position I take up. Provision for every nurse there must be, who gives up her whole life to nursing. To hospitals, to patients, to the public, to the whole country, it will be nothing less than scandalous and disgraceful if any woman of the nursing class who continues her work and maintains her character to old age shall then come to want. I do not say that all institutions must come to our way of doing the thing, but I do say that hospital authorities and everybody concerned should feel it an imperative duty to secure the declining years of nurses against the dire assaults of poverty.

I have thus given you in briefest outline the position and prospects of the National Pension Fund for Nurses, and I have indicated what I think ought to be the attitude of nurses towards the Fund, and what strenuous efforts everyone should make to become a member of it. I have further pointed out that hospital managers owe a debt to a certain class of nurses, which can only be repaid by those authorities taking what steps they can to secure such nurses against want in old age. It remains for all of us, for

hospital managers, for nurses, for the Council of the Fund, for myself, and all its officials to resolve that, by united, intelligent, persevering, and conscientious efforts, we will make the declining years of a most honourable and deserving class a period of repose, of comfort, and of content.

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